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CITY OF LEICESTER  
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

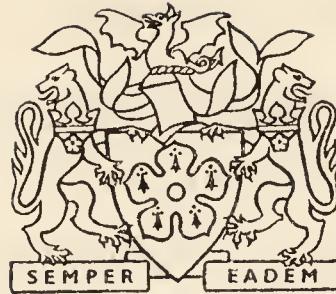
PRINCIPAL SCHOOL MEDICAL OFFICER

E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H.

FOR THE YEAR ENDED  
31ST DECEMBER, 1956.

ELFED THOMAS, B.Sc., Ph.D.,  
Director of Education.





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EDUCATION COMMITTEE

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**CITY OF LEICESTER EDUCATION COMMITTEE**  
**as at 31st December, 1956.**

\*ALDERMAN C. R. KEENE, C.B.E., J.P., *Chairman*

\*ALDERMAN F. E. OLIVER, C.B.E., T.D., D.L., *Vice-Chairman*

**MEMBERS OF THE COUNCIL**

THE RIGHT WORSHIPFUL THE LORD MAYOR OF LEICESTER  
 (ALDERMAN A. HALKYARD, C.B., M.C., T.D., D.L., LL.B.)

COUNCILLOR S. A. BARSTON	COUNCILLOR A. H. KIRBY,
*ALDERMAN S. BROWN, T.D.	M.A., B.D., Ph.D.
*ALDERMAN S. COOPER	COUNCILLOR W. C. MANTON
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*COUNCILLOR MRS. L. HAINES	*COUNCILLOR MRS. A. I. POLLARD
*COUNCILLOR MRS. V. D. HOLMES	*ALDERMAN B. POWELL
*COUNCILLOR R. D. HUDSON	*ALDERMAN W. H. SMITH, J.P.
*COUNCILLOR L. HURST	COUNCILLOR J. W. TAYLOR
COUNCILLOR MRS. M. N. JACKSON	*COUNCILLOR MRS. M. M. TROTTER
COUNCILLOR A. H. KIMBERLIN	COUNCILLOR A. N. VESTY, J.P.
	COUNCILLOR P. C. WATTS

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*MR. W. ELLIOTT, B.A., J.P.	MR. E. TYLER
*MRS. M. M. I. GRIFFITHS	MR. C. H. WILSON, M.A.
*MR. J. V. A. LONG, F.B.S.I.	THE REV. G. H. WOODHAM, M.A.

\* MEMBERS OF THE SPECIAL SERVICES SUB-COMMITTEE

ALDERMAN S. BROWN, *Chairman*

ALDERMAN W. H. SMITH, *Vice-Chairman*

**CITY OF LEICESTER**

AREA OF CITY (in acres) ... ... ... ... ...	16,990
POPULATION OF CITY at Census, April, 1951 ... ...	285,061
NUMBER OF SCHOOLS—	
Nursery ... ... ... ... ...	1
Infant ... ... ... ... ...	54
Infant and Junior ... ... ... ... ...	4
Junior ... ... ... ... ...	42
All Age ... ... ... ... ...	3
Secondary Modern ... ... ... ... ...	32
Secondary Grammar ... ... ... ... ...	7
Secondary Technical ... ... ... ... ...	2
Special ... ... ... ... ...	6
	151
AVERAGE NUMBER ON SCHOOL REGISTER ... ...	48,246

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## SCHOOL HEALTH SERVICE STAFF

### Principal School Medical Officer (and Medical Officer of Health).

E. K. MACDONALD, M.B.E., M.D., B.S., D.P.H.

### Deputy Principal School Medical Officer (and Deputy Medical Officer of Health).

A. I. ROSS, M.D., Ch.B., D.P.H.

### Senior School Medical Officer.

GLADYS RANDALL, M.B., B.S., D.P.H.

### Assistant Senior School Medical Officer (and Assistant Medical Officer of Health).

ANNYS M. CUSACK, M.B., B.S., D.P.H.

### School Medical Officers (and Assistant Medical Officers of Health).

ALISON M. BRUMMITT, M.B., Ch.B.

L. HAHN, M.D.

K. KOLACZEK, M.D., D.P.H.

MARION C. LEEN, M.B., B.Ch., B.A.O., D.P.H.

(Resigned 30.6.56).

T. A. I. REES, M.B., B.Ch., B.Sc., D.P.H., D.I.H.,  
D.C.H., D.Obst.R.C.O.G. (Appointed 2.7.56).

C. F. RIDLEY, M.A., M.B., B.Ch.

(Appointed 29.10.56, resigned 31.12.56).

K. H. MILLER, M.B., B.S., M.R.C.S., L.R.C.P., C.P.H.,  
(Temporary, part-time).

CATHARINE SMITH, M.B., B.S., M.R.C.S., L.R.C.P.

(Temporary, part-time).

DOREEN M. TILLOTSON, M.B., Ch.B.

(Temporary, part-time).

### Assistant Medical Officers of Health (and School Medical Officers).

ANGEL V. B. CRAWFORD,

M.A., M.B., B.Ch., B.A.O., D.P.H.

I. DUB, M.D.

PAULINE K. HEARTH, M.B., B.Ch., B.A.O., D.P.H.

ERNA W. KORN, M.D.

A. COSTELLE WATSON,

M.B., Ch.B., D.T.M., D.R.C.O.G.

### Ophthalmic Surgeon (Special School).

A. L. McCURRY, M.D., D.O.M.S.

### Other Specialist Medical Officers.

(By arrangement with the Regional Hospital Board).

### Ophthalmic Surgeons.

J. V. SHELDON, D.O.M.S.

(Appointed Jan./56, resigned Sept./56).

S. R. ROBSON, M.B., B.S., D.O.M.S. (ENG.).

CONSTANCE WALTERS, B.Sc., M.B., B.Ch.

### Orthopaedic Surgeons.

L. MORRIS, M.D., F.R.C.S.

J DICKIE, M.Ch. (ORTH. LIVERPOOL), F.R.C.S. (EDIN.).

### Aural Surgeon.

G. WARING ROBINSON, L.M.S.S.A., D.L.O.

### Physician in Charge of Rheumatism Clinic.

J. V. C. BRAITHWAITE, M.D., F.R.C.P.

### Anæsthetist.

JEAN S. B. McNEIL, M.B., Ch.B., D.A.

### Child Psychiatrist.

A. K. GRAF, M.D., L.R.C.P. & S., D.P.M.

### School Psychological Service.

#### Educational Psychologists.

MISS O. C. SAMPSON, M.A., B.Ed. (Senior).

MISS P. LANE, B.A.

#### Social Workers.

MISS E. CULLINGWORTH (Senior)

MISS D. M. BURRELL.

MRS. D. I. MILLOY.

### Principal School Dental Officer.

C. A. REYNOLDS, L.D.S. R.C.S. (ENG.).

### School Dental Officers

MRS. P. C. BAKER, L.D.S. (U.BIRM.).

MRS. B. DONNELLY, L.D.S.R.C.S. (ENG.) (Part-time)  
(Appointed 23.4.56, resigned 30.10.56).

S. B. FILLINGHAM, L.D.S.V.U. (MANC.).

D. HERN, B.D.S. (U. BIRM.) (Temporary)  
(Appointed 16.1.56, resigned 10.3.56).

N. HOWSON, L.D.S.R.C.S. (ENG.).

MRS. A. SCRUTON, L.D.S.R.C.S. (ENG.) (Part-time).

J. W. WILLIAMS, L.D.S.R.C.S. (ENG.).

### Orthodontist.

K. A. SMITH, L.D.S. R.C.S. (ENG.), H.D.D. R.C.S. (EDIN.).

### Dental Anaesthetist.

W. E. S. WHITTINGHAM, M.B., Ch.B. (Part-time) (Appointed 9.4.56).

### Orthoptist.

MISS M. J. SMITH (Resigned April/56).

MISS S. JONES (Appointed Sept./56).

### Speech Therapists.

MISS K. M. ALLEN (Senior).

MRS. M. W. BARKER (Appointed April/56).

MISS M. D. DAVIE (Resigned Jan./56).

MISS D. KEILY.

MRS. I. RALSTON.

**Organisers of Physical Training.**

MR. F. W. BRIGGS.

MISS M. M. CARTWRIGHT.

**Organiser of School Meals.**

MISS M. K. RODERICK, B.Sc.

**Superintendent School Nurse and Superintendent Health Visitor.**

MISS J. G. CARTER

**Deputy Superintendent School Nurse and Deputy Superintendent Health Visitor.**

MISS I. D. ADLAM.

**Physiotherapist.**

MISS A. AHERN.

**Full-time School Nurses.**

MRS. E. GREEDY.

MRS. C. OLDS.

MRS. E. I. GUTTERIDGE (*Temporary*).

MISS A. PRICE.

MISS E. J. HUNT.

MRS. M. SILVERWOOD.

MISS H. MARTIN.

MISS E. J. WATSON (*Temporary*).**School Nurses (and Health Visitors).**

MISS H. M. ADAMS.

MRS. J. MACKAY.

MRS. L. M. AMBERSLIE.

MISS M. MACKENZIE.

MISS D. M. ASHTON (*Resigned 29.2.56*).

MISS J. McMAHON.

MISS E. J. AVENT.

MISS M. McMAHON.

MISS G. H. AXTON (*Appointed 1.2.56*).MISS E. M. MONSON (*Resigned 31.5.56*).

MISS A. BARR.

MISS G. MOSS.

MISS D. G. BAXTER (*Resigned 7.7.56*).

MISS M. O'REILLY.

MISS M. M. E. BLACKLOCK

MISS M. E. PHILIP.

*(Seconded to Diabetic Domiciliary Visiting).*

MISS G. M. PICK.

MISS M. BRAMLEY.

MISS E. H. PLANE (*Appointed 1.5.56*).MISS C. D. M. BROAD (*Appointed 6.12.56*).

MISS D. PROSSER.

MISS J. R. CHISHOLM (*Appointed 6.12.56*).MISS J. B. R. REES (*Appointed 6.12.56*).MRS. E. CONNOR (*Resigned 31.8.56*).

MISS A. REIDY.

MISS J. COOMBES.

MISS B. M. RICHARDSON (*Resigned 28.7.56*).MISS N. C. DURSLEY (*Appointed 28.6.56*).

MISS M. E. SHARMAN.

MISS B. J. EAST (*Appointed 1.5.56*).

MISS A. E. SIMMS.

MISS E. ENSOR.

MISS J. L. SMITH (*Appointed 26.4.56*).

MISS A. GAMBLE.

MISS J. SOUTHAM (*née HILL*) (*Appointed 1.5.56*).

MRS. N. M. GAWTHROPE.

MISS A. SYKES.

MISS M. E. GEORGE (*Resigned 31.5.56*).

MISS E. VITOLS.

MISS B. HAMBLY (*Resigned 12.10.56*).

MISS M. E. WARD.

MISS M. E. HASLAM (*Appointed 6.12.56*).MISS M. M. WARD (*Appointed 26.4.56*).

MISS S. B. HENSON.

MISS L. J. WARDLE (*Appointed 6.12.56*).

MISS B. HILL.

MISS J. WILSON.

MISS W. G. HUMPHREYS.

MISS H. WINTER (*Resigned 31.5.56*).MRS. J. B. HOUGHTON (*Resigned 31.3.56*).MISS E. C. WOOD (*Appointed 6.12.56*).MISS L. KEITH (*Resigned 30.11.56*).

MISS M. P. WORDEN.

MISS I. LE CROWE (*Resigned 31.12.56*).

MISS G. D. YOUNGS.

MISS J. M. LEETHAM.

**Nurses' Assistants.**

MISS L. PEAT.

MISS I. CHAPMAN.

**Clerical and Clinical Staff.**MRS. G. HESLOP (*Appointed 14.5.56*).*Chief Clerk:*

MR. F. TIMSON.

*Technical Clerk:*  
MISS M. K. WALLBANK.*Staff Clerks:*

MISS L. MEASURES.

MISS M. BANKS.

MRS. B. PEPPERDAY.

MISS E. BARNETT.

MISS F. W. PERKINS.

MRS. G. BENNETT.

MISS J. L. PHILIPS.

MISS E. M. BURTON.

MISS J. B. PLANT.

MISS G. HAIGH (*Appointed 22.10.56*).

MISS C. M. POOL.

MISS B. G. HARPER.

*Medical Officers' Clerks:*MISS R. LAUNDON (*Appointed 9.1.56*).

MISS M. PARKER.

MISS E. G. GIRLING.

*Dental Attendants:*

MISS I. L. GRIMSLY.

MRS. M. M. MACKINTOSH (*Appointed 9.4.56*).

MISS B. ALLIBONE.

MRS. A. S. SHARMAN.

MISS J. C. D. D. BROWN.

MISS J. STOCK (*Appointed 2.7.56*).

MISS E. I. CLAY.

MISS E. C. WILLSON.

MRS. C. C. FORREST (*Resigned 23.6.56*).

MISS R. A. F. ILIFFE.

*Dental Technicians:*MR. J. WOODFORD (*In charge*) (*Resigned 8.12.56*).MR. A. J. WALL (*In charge*) (*Appointed 31.12.56*).MRS. J. C. MCPHEE (*Resigned 2.11.56*).MR. G. PRATT (*Appointed 31.12.56*).

MR. F. A. THOMPSON.

*Clinic Officers:*

MR. H. C. S. PAIN.

*Clinic Attendant:*

MR. A. CLARKE.

*Attendants at Cleansing Centre:*MR. E. DILLOW (*Part-time*).MRS. M. HILL (*Part-time*).*(Resigned 4.5.56, re-appointed 20.8.56).*MRS. M. E. HANSCOMB (*Part-time*).*(Re-appointed 23.5.56, resigned June/56).*

## SCHOOL CLINICS.

No. of  
Sessions  
held  
Weekly.

*Central Clinic.*

Richmond House, The Newarke	...	...	...	...	...	...
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... 11

*Minor Ailments Clinics.*

Richmond House, The Newarke	...	...	...	...	...	...
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... 6

Chester Street Clinic, 13 Chester Street	...	...	...	...	...	...
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... 6

Cort Crescent Clinic, adjoining Crescent School	...	...	...	...	...	...
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... 6

Marriott Road Clinic, adjoining Marriott Road School	...	...	...	...	...	...
--	-----	-----	-----	-----	-----	-----

... 6

Northfield Lodge Clinic, adjoining Northfield House School	...	...	...	...	...	...
--	-----	-----	-----	-----	-----	-----

... 6

New Parks Clinic, Aikman Avenue Community Centre	...	...	...	...	...	...
--	-----	-----	-----	-----	-----	-----

... 6

*Scabies Clinic.*

17 Slater Street	...	...	...	...	...	...
------------------	-----	-----	-----	-----	-----	-----

... 6

*Cleansing Centre.*

17 Slater Street	...	...	...	...	...	...
------------------	-----	-----	-----	-----	-----	-----

... 6

*Ultra-Violet Light Clinic.*

Richmond House, The Newarke	...	...	...	...	...	...
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... 11

*Dental Clinics.*

Richmond House, The Newarke	...	...	...	...	...	...
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... 11

85 London Road	...	...	...	...	...	...
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... 5

Overton Road Clinic, adjoining Merrydale School	...	...	...	...	...	...
---	-----	-----	-----	-----	-----	-----

... 11

Cort Crescent Clinic, adjoining Crescent School	...	...	...	...	...	...
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... 11

Sir Jonathan North Clinic, on the school premises of the same name, Knighton Lane	...	...	...	...	...	...
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... 11

*Orthodontic Clinic.*

Overton Road Clinic, adjoining Merrydale School	...	...	...	...	...	...
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... 3

*Child Guidance Clinic.*

Belvoir House, 104 Welford Road	...	...	...	...	...	...
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... 11

*Speech Therapy Clinics.*

Main Clinics :

Belvoir House, 104 Welford Road	...	...	...	...	...	...
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... 11

Chester Street Clinic, 13 Chester Street	...	...	...	...	...	...
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... 2

Cort Crescent Community Centre	...	...	...	...	...	...
--------------------------------	-----	-----	-----	-----	-----	-----

... 2

New Parks Community Centre, Aikman Avenue	...	...	...	...	...	...
---	-----	-----	-----	-----	-----	-----

... 3

Northfield Lodge Clinic, adjoining Northfield House School	...	...	...	...	...	...
--	-----	-----	-----	-----	-----	-----

... 2

Supplementary Clinic Sessions in the following Schools :

Hazel Remedial Speech Class	...	...	...	...	...	...
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... 5

Alderman Richard Hallam Infant	...	...	...	...	...	...
--------------------------------	-----	-----	-----	-----	-----	-----

... 1

Forest Lodge Infant	...	...	...	...	...	...
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... 1

Glenfrith Hospital School	...	...	...	...	...	...
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... 1

Imperial Avenue Infant	...	...	...	...	...	...
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... 1

New Parks Infant	...	...	...	...	...	...
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... 1

Southfields Infant	...	...	...	...	...	...
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... 1

Western Park Open-air School	...	...	...	...	...	...
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... 1

Whitehall Infant	...	...	...	...	...	...
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... 1

Woodstock Infant	...	...	...	...	...	...
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... 1

Woodstock Junior	...	...	...	...	...	...
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... 1

*Audiometer Clinic.*

156 London Road	...	...	...	...	...	...
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... 1

*Specialist Clinics.*

Rheumatism Clinic, Richmond House, The Newarke	...	...	...	...	...	...
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... 2

Ear, Nose and Th

## CITY OF LEICESTER EDUCATION COMMITTEE.

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**REPORT of the Principal School Medical Officer  
FOR THE YEAR ENDED 31ST DECEMBER, 1956.**

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*To the Chairman and Members of the Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in submitting my report on the work of the School Health Service for the year 1956.

Dr. Marion Leen resigned in June, 1956, to take up an appointment with another Local Authority. The vacancy was filled by Dr. Rees in July, 1956. An additional Medical Officer, Dr. Ridley, was appointed at the end of October, 1956, but resigned shortly afterwards.

Miss Smith, Orthoptist, resigned her appointment at the Ophthalmic Clinic in April, 1956. Miss Smith was employed by the Regional Hospital Board, but I should like to thank her for her interest in the welfare of the school child during the nine years she was at the Clinic.

The Principal School Dental Officer comments in his report that for the first time in many years, more than half of the children on the school registers have been inspected in one year. Since April, 1956, two regular anæsthetic sessions a week have been held as a result of the appointment of Dr. Whittingham as Dental Anæsthetist.

Three medical officers and two nurses attended Refresher Courses during the year.

During the year Dr. Brummitt was approved by the Ministry for the ascertainment of pupils needing education in a special school as educationally subnormal.

The standard of health of the school children has been maintained. As from January, 1956, the method of recording the medical officers' assessment of the general health of a pupil was changed according to the Ministry's requirements. The heading is now "Physical Condition" and it is recorded as "Satisfactory" or "Unsatisfactory." On the whole, medical officers have considered the new method of recording as an improvement on the old. There was no major epidemic of infectious disease. There was no case of diphtheria, but again there was some reduction in the number of children immunised.

There were still cases of dysentery notified amongst school children, but an alteration in the arrangements for the exclusion of contacts obviated much of the absenteeism due to this. Contacts are now excluded only if they attend nursery or infant classes.

There was a further increase in the number of children referred for treatment for defective vision and squint. This may partly be accounted for by the fact that all school entrants are now tested by either letter type or pictorial type charts. In addition, school nurses test the vision of all children at eight years of age and refer to the Medical Officer those who fail the test.

The School Health Service again co-operated in the National Survey of the Health and Development of Children organised at the Institute of Child Health, University of London, by the Society of Medical Officers of Health and the Population Investigation Committee.

B.C.G. vaccination of thirteen-year-old children was commenced in 1956. The preliminary tests and readings of the results were carried out at the schools. The vaccinations were carried out at the Central Clinic and the children followed up again at school in six or eight weeks' time. By arrangement with the Health Department, poliomyelitis vaccinations were also carried out at the Central Clinic.

There has been an increasing awareness amongst members of the staff of the truly preventive aspect of the School Health Service and of the need for study of the social causes of mental and physical disease. Much good work is carried out in over-crowded and unsatisfactory clinic premises and it is regrettable that, with all the excellent new housing estates, there is not one new modern clinic.

An increasing amount of time has been spent on the ascertainment and supervision of handicapped pupils. The additional wing at Stoneleigh School came into use during the year, providing excellent nursery accommodation and facilities for a wider scope of training for all pupils.

It is a source of satisfaction that the school for educationally subnormal pupils is now under construction. The waiting list for admission continues to accumulate.

I wish to thank all the members of the School Health Service Staff, whose individual efforts have done so much towards the success of the year's work. My grateful thanks are due to all those who have contributed to this report, and especially to Dr. Gladys Randall.

I should like once more to acknowledge my indebtedness to the Director of Education, the Assistant Education Officer for Special Services and the Head Teachers of all schools.

To you, Sir, and to your Committee, to the Chairman and members of the Special Services Sub-Committee, I must convey my appreciation of your constant interest in the work of the School Health Service.

I am, Ladies and Gentlemen,  
Your obedient servant,  
E. K. MACDONALD,  
*Medical Officer of Health and Principal School Medical Officer.*

**I.—STAFF.****(a) Medical Staff.**

Dr. Leen resigned on 30th June, 1956, and Dr. Rees was appointed in her place on 2nd July, 1956.

Dr. Ridley was appointed as an additional Medical Officer on 29th October, 1956, but resigned on 31st December, 1956.

**(b) Dental Staff.**

Dr. Whittingham was appointed as a Dental Anæsthetist for two sessions per week on 9th April, 1956.

Mr. Hern served temporarily as a Dental Officer from 16th January, 1956, to 10th March, 1956, while awaiting call-up to military service.

Mrs. Donnelly was appointed as part-time Dental Officer from 23rd April, 1956, to 30th October, 1956.

Two Dental Attendants were appointed during 1956 and one resigned.

The two Dental Technicians resigned, one on 2nd November, 1956, and one on 8th December, 1956, and both posts were filled on 31st December, 1956.

**(c) Speech Therapists.**

In January, Miss Davie left to take up an appointment in Cheltenham and Mrs. Barker was appointed in April to fill the vacancy.

**(d) Nursing Staff.**

Ten Health Visitors resigned during the year and thirteen were appointed.

**(e) Clerical and Clinic Staff.**

One vacancy for a clerk was filled on 9th January, 1956, and an additional clerk was appointed on 22nd October, 1956.

**II.—CO-ORDINATION.**

Contact with the various branches of the National Health Service has been maintained. Liaison with the hospitals and the general practitioners is good. I am particularly grateful to Dr. Connolly, Consultant Chest Physician, for his help and advice in instituting the scheme for the B.C.G. vaccination of thirteen-year-old pupils.

The welfare of children neglected or ill-treated in their own homes has caused me much concern. Many conferences have been called when representatives of statutory and voluntary bodies have consulted together as to the best method of trying to re-habilitate the families concerned.

### III.—MEDICAL INSPECTION.

#### (a) Age Groups.

Periodic medical inspections during 1956 were carried out on pupils as soon as possible after their entry into school, in their last year in the primary schools and at the age of fourteen in the secondary schools.

The numbers examined were as follows :—

A. Primary Schools ...	...	8,086
B. Secondary Schools	...	3,405

The corresponding numbers for 1955 were 8,692 and 3,330 respectively.

In addition to these age groups, other examinations were carried out in the case of pupils attending nursery classes and special classes in the ordinary schools. These are included under "Other Periodic Inspections."

The number of Other Periodic Inspections made during the year was 1,160.

The number inspected in each group will be found in Table I at the end of this report.

As far as possible it is arranged that Medical Officers visit each school once a term. At these visits, Medical Officers re-inspect children found defective at previous examinations and also see children brought forward as special cases by teachers or parents. Pupils may also attend at clinics for special examinations. These special examinations and re-inspections in 1956 numbered 44,355 as compared with 43,578 in 1955.

The figures for the examination of pupils in the nursery school and the special schools are recorded separately in the appropriate sections.

#### (b) Arrangements and Methods adopted for Medical Inspection.

There has been no change in these arrangements for medical inspections since these were described in the report for 1954.

### IV.—FINDINGS OF MEDICAL INSPECTION.

#### A. Defects found by Medical Inspection.

The data given below refer to the medical inspection of the primary and secondary schools. The nursery school and the special schools are dealt with in subsequent sections.

The corresponding figures for 1955 are inserted in brackets.

#### 1. Cleanliness.

The general cleanliness of the children is supervised by the school nurses and details are given in Section V.

## 2. Infestation.

Particulars of the incidence of vermin infestation are given in Section V.

## 3. Teeth.

The report of the Principal School Dental Officer is given in Section VI.

## 4. Skin Diseases.

PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
Requiring Treatment.	Requiring Observation.	Requiring Treatment.	Requiring Observation.
116 (104)	45 (38)	6,187 (7,459)	—

The three contagious skin diseases, impetigo, ringworm and scabies, showed the following incidence:—

Impetigo.	Ringworm.			Scabies.
	Scalp.	Skin.	Total.	
265 (328)	9 (13)	62 (114)	71 (127)	73 (86)

## 5. Eye Defects.

PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
Requiring Treatment.	Requiring Observation.	Requiring Treatment.	Requiring Observation.
(a) Vision ...	1,230 (1,126)	629 (541)	3,318 (2,524)
(b) Squint ...	348 (312)	39 (53)	1,014 (955)
(c) Other ...	83 (59)	49 (27)	555 (649)
Total ...	1,661 (1,497)	717 (621)	4,887 (4,128)
			814 (736)

## Colour Vision.

The Ishihara colour vision tests are applied as a routine measure at the second-age group inspection. If there is any doubt as to the child's ability to carry out the test, it is postponed until a later age. Some are therefore tested at the third-age group inspection or at other special inspections.

### Second Age Group.

	Boys.	Girls.
Tested ...	1,753	1,711
Found Defective ...	116	5
Percentage Defective...	6.6	0.3

### Third Age Group.

	Boys.	Girls.
Tested ...	139	121
Found Defective ...	19	—
Percentage Defective...	13.7	—

### Other Periodic Inspections.

	Boys.	Girls.
Tested ...	417	391
Found Defective ...	32	1
Percentage Defective...	7.7	0.3

### All Age Groups Together.

		Boys.	Girls.
Tested ...	...	2,309	2,223
Found Defective	...	167	6
Percentage Defective...		7.2	0.3

All school entrants now have the vision tested at their periodic inspection. If a child fails to read the letters on the Snellen's Test Card, a pictorial chart is used. Although vision testing at this age extends the time taken for the examination, it has proved worth while. Out of 5,036 entrants examined, fifty-eight were found to have visual errors and were referred to the Ophthalmic Clinic. Others were kept under observation.

### 6. Ear Diseases.

		PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Requiring Treatment.	Requiring Observation.	Requiring Treatment.	Requiring Observation.
(a) Hearing	...	83 (95)	34 (37)	915 (800)	151 (181)
(b) Otitis Media	...	51 (32)	31 (36)	105 (81)	9 (—)
(c) Other	...	66 (72)	38 (47)	— (—)	— (—)
Total ...		200 (199)	103 (120)	1,020 (881)	160 (181)

### Hearing.

The figures given above include only those cases of defective hearing found by the Medical Officers. In addition, routine tests with the gramophone audiometer are carried out on children of eight years of age. Particulars of the audiometer tests are given below :—

		Tested.	Re-tested.	Found Defective.	Percentage Defective.
Boys ...	...	1,430 (202)	58 (6)	27 (4)	1.8 (1.9)
Girls ...	...	1,470 (198)	74 (13)	30 (5)	2.0 (2.5)
Total ...		2,900 (400)	132 (19)	57 (9)	1.9 (2.25)

### 7. Nose and Throat Defects.

		PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Requiring Treatment.	Requiring Observation.	Requiring Treatment.	Requiring Observation.
Tonsils	...	362 (405)	599 (681)	16 (64)	823 (844)
Adenoids	...	33 (33)	12 (8)	222 (186)	9 (13)
Tonsils and Adenoids		132 (127)	33 (23)	1,892 (2,184)	47 (55)
Others	...	333 (334)	250 (173)	304 (410)	10 (42)
Total ...		860 (899)	894 (885)	2,434 (2,844)	889 (954)

### 8. Speech Defects.

		PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Requiring Treatment.	Requiring Observation.	Requiring Treatment.	Requiring Observation.
		75 (90)	104 (112)	183 (96)	191 (184)

## 9. Lymphatic Glands.

	PERIODIC INSPECTIONS. Requiring Treatment.	PERIODIC INSPECTIONS. Requiring Observation.	SPECIAL INSPECTIONS. Requiring Treatment.	SPECIAL INSPECTIONS. Requiring Observation.
	69 (77)	203 (269)	—	173 (145)

Cases of tuberculous adenitis are included in the above table, but they are comparatively few in number. Only one such case was recorded.

## 10. Heart and Circulation.

	PERIODIC INSPECTIONS. Requiring Treatment.	PERIODIC INSPECTIONS. Requiring Observation.	SPECIAL INSPECTIONS. Requiring Treatment.	SPECIAL INSPECTIONS. Requiring Observation.
Heart (Organic) ...	20 (16)	12 (9)	8 (9)	19 (18)
Heart (Functional) ...	17 (15)	88 (90)	30 (20)	119 (91)
Other Circulatory Disorders	15 (12)	15 (9)	10 (34)	19 (27)
Total ...	52 (43)	115 (108)	48 (63)	157 (136)

Further details concerning the rheumatic heart cases appear in the report on the Rheumatism Clinic.

## 11. Lung Disorders.

	PERIODIC INSPECTIONS. Requiring Treatment.	PERIODIC INSPECTIONS. Requiring Observation.	SPECIAL INSPECTIONS. Requiring Treatment.	SPECIAL INSPECTIONS. Requiring Observation.
	257 (297)	284 (324)	598 (557)	420 (474)

These figures include cases of Pulmonary Tuberculosis, details of which appear at the end of this section.

Details concerning Mass Radiography appear in Section VII.

## 12. Developmental Anomalies.

	PERIODIC INSPECTIONS. Requiring Treatment.	PERIODIC INSPECTIONS. Requiring Observation.	SPECIAL INSPECTIONS. Requiring Treatment.	SPECIAL INSPECTIONS. Requiring Observation.
(a) Hernia ...	2 (15)	11 (7)	27 (15)	9 (7)
(b) Other ...	31 (14)	104 (138)	21 (15)	153 (79)

## 13. Orthopædic Defects.

	PERIODIC INSPECTIONS. Requiring Treatment.	PERIODIC INSPECTIONS. Requiring Observation.	SPECIAL INSPECTIONS. Requiring Treatment.	SPECIAL INSPECTIONS. Requiring Observation.
(a) Posture ...	9 (12)	67 (64)	68 (73)	74 (83)
(b) Flat Foot ...	36 (30)	192 (246)	109 (137)	259 (251)
(c) Other ...	275 (291)	211 (195)	1,299 (1,015)	145 (150)

## 14. Nervous System.

	PERIODIC INSPECTIONS. Requiring Treatment.	PERIODIC INSPECTIONS. Requiring Observation.	SPECIAL INSPECTIONS. Requiring Treatment.	SPECIAL INSPECTIONS. Requiring Observation.
(a) Epilepsy ...	22 (24)	23 (23)	54 (39)	48 (45)
(b) Other ...	22 (17)	52 (58)	11 (—)	10 (—)

The cases of Chorea have been excluded from this table and have been placed under the heading of "Other Defects or Diseases," although some cases of Chorea in which heart involvement has been a predominant feature are recorded in category 10.

### 15. Psychological.

	PERIODIC INSPECTIONS.			SPECIAL INSPECTIONS.		
	Requiring Treatment.	Requiring Observation.		Requiring Treatment.	Requiring Observation.	
(a) Development	...	4 (14)	44 (26)	18 (5)	119 (119)	
(b) Stability	...	19 (20)	64 (59)	98 (108)	232 (253)	

The above figures refer only to cases found by the Medical Officers. A report by Dr. Graf on the Child Guidance Clinic and a report by Miss Sampson on the work of the School Psychological Service will be found under Section VII.

### 16. Abdomen.

	PERIODIC INSPECTIONS.			SPECIAL INSPECTIONS.		
	Requiring Treatment.	Requiring Observation.		Requiring Treatment.	Requiring Observation.	
	6	3		22	87	

### 17. Other Defects or Diseases.

	PERIODIC INSPECTIONS.			SPECIAL INSPECTIONS.		
	Requiring Treatment.	Requiring Observation.		Requiring Treatment.	Requiring Observation.	
	131 (173)	504 (446)		568 (617)	486 (618)	

This category includes all cases not capable of classification under previous headings. Further details of two of these defects, rheumatism and tuberculosis, are given below.

### 18. Rheumatism (including Chorea).

	PERIODIC INSPECTIONS.			SPECIAL INSPECTIONS.		
	Requiring Treatment.	Requiring Observation.		Requiring Treatment.	Requiring Observation.	
	122 (106)	24 (14)		314 (306)	31 (51)	

### 19. Tuberculosis.

		Boys.	Girls.	Total.
(a) Pulmonary—				
(i) Definite	...	...	1 (4)	5 (7)
(ii) Suspected	...	...	7 (13)	4 (11)
				6 (11)
(b) Surgical—				
(i) Lymphatic glands	...	— (—)	1 (2)	1 (2)
(ii) Orthopædic	...	9 (10)	17 (14)	26 (24)

### B. Classification of Physical Condition.

In previous years, Medical Officers have had to classify the General Condition of pupils under three headings:—

A. (Good).    B. (Fair).    C. (Poor).

During 1956, the classification has been changed to Physical Condition, Satisfactory or Unsatisfactory. It is not possible, therefore, to give a comparative table, but reports from Medical Officers suggest that this is a more definitive description of the general condition of pupils they have examined.

Age Groups	No. of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants ... ...	4550	4452	97.9	98	2.1
Second Age Group ...	3536	3465	98.0	71	2.0
Third Age Group ...	3405	3385	99.5	20	0.5
Other Periodic Inspections	1160	1128	97.2	32	2.8
Total ...	12651	12430	98.2	221	1.8

As some measure of comparison, it may be mentioned that in 1955 the percentage of children shown as of "Poor General Condition" was 1.0%.

Special observation has been carried out on those pupils whose physical condition has been reported as unsatisfactory.

## V.—FOLLOWING-UP.

*Review of arrangements for the following-up of children suffering from defects, including the work undertaken by the School Nurses.*

The Medical Officers follow up at subsequent inspections children found to have defects. The School Nurses visit the homes if treatment is not being carried out satisfactorily.

Nurses supervise the cleanliness and general health of the children during their visits to schools. Details of their work were given in the report for 1955.

A summary of the work done by the nurses is given below. The corresponding figures for the previous year are added in brackets :—

- (1) Total number of visits to schools :
  - (a) Cleanliness inspections 3,029 (3,087)
  - (b) Other examinations ... 2,650 (2,152)
- (2) Total number of examinations of children 146,082 (154,803)
- (3) Total number of children found infested 2,119 (2,651)
- (4) Total number of children excluded from school on account of
  - (a) Verminous body ... — (—)
  - (b) Verminous head ... 500 (677)
- (5) Number of visits paid to homes ... 3,080 (3,637)
- (6) Number of children with poor boots ... 79 (77)
- (7) Number of children with unsatisfactory clothing ... ... ... ... 63 (73)

All the schools, with the exception of the Boys' Secondary Grammar and Technical Schools, are inspected.

## VI.—ARRANGEMENTS FOR TREATMENT.

Children found to be in need of treatment are referred to their private practitioners or to Specialist Clinics after consultation with their private practitioners. Minor ailments, such as skin infections, may be treated at the Committee's Minor Ailments Clinics. The Committee also maintains a Clinic for Ultra-Violet Light Therapy at Richmond House.

Convalescent treatment is arranged by reference to the Convalescent Homes Society. If the parents do not contribute to this Society, cases are referred to the Medical Officer of Health for consideration under Section 28, National Health Service Act. In addition, the Committee accepts responsibility for sending some 80 delicate children for a month's convalescent treatment at the Holiday Home at Mablethorpe belonging to the Boys' and Girls' Summer Camp Society.

### Details of Treatment.

#### 1. Uncleanliness.

The number of children found infested during 1956 showed a further decrease and the number of children excluded from school on account of verminous heads was fewer.

#### 2. Disinfestation.

This work was still carried out at the Committee's Cleansing Centre at Slater Street.

There were seventy-four school children treated for Scabies in 1956, as compared with seventy-seven the previous year. There were twenty-three other patients also treated for Scabies.

The number of individuals treated at the Cleansing Centre for verminous conditions of the head was ninety-two. The total number of treatments was one hundred and fifty-three.

Four children were cleansed under Compulsory Cleansing Orders.

#### 3. Dental Treatment.

Dental treatment is carried out at the Education Committee's dental clinics for the school children and the "priority classes." At the end of the year, there were seven surgeries in operation.

**Dental Report, 1956.**

*Staff.* There were no changes in the permanent dental officer staff during the year but we had the full-time services of Mr. D. Hern for almost two months early in the year and, from April until October, the part-time services of Mrs. B. Donnelly. In April, Dr. Whittingham was appointed for two sessions a week for dental anæsthetics; this results directly in a saving of dental officer time in that formerly an additional dental officer had to be present when anæsthetics were given.

At the laboratory at Overton Road, following the resignation of the two technicians, Mr. A. J. Wall was appointed senior technician-in-charge and Mr. G. Pratt senior technician and they both took up their posts on the last day of the year.

*Accommodation and Equipment.* From September onwards the Sir Jonathan North Clinic was brought into full-time use and the London Road surgery was open in the mornings only. This change had been contemplated for some time because it had been found that a high proportion of children in the London Road area were being treated by private dentists and the need in the area of the Sir Jonathan North Clinic was greater.

At the end of the year, of the seven surgeries, there was vacant accommodation for one full-time officer.

A second dental X-ray unit has been purchased so that X-rays are now available at the Overton Road Clinic as well as at Richmond House.

*Dental Inspection and Treatment (Table V, page ).* Periodic dental inspections, *i.e.*, inspections at schools, were concentrated mainly on infant and junior schools covering approximately 10,000 children of each of these groups, the remainder, senior boys and girls, numbering about 3,300.

Of a total school population of 48,246, 23,394 children were inspected at school and 3,306 as specials. So for the first time in many years, more than half of the children on the school registers were inspected in one year.

At the periodic inspections 19,881 children (85%) were found to require treatment and 11,089 were offered treatment and 4,017 (36.2%) accepted. On breaking down the acceptances into school grouping, it was found that in the Infants it was 40%, Juniors 36.5% and Seniors 25% Altogether including "Specials" 7 323

more than 1 per session.

Conservative work has continued to increase. The number of fillings shown includes 771 synthetic restorations and also 5 crowns and 12 root fillings. Regular general anaesthetic sessions were started in April and not surprisingly, therefore, the number of teeth extracted has risen considerably; but this does not indicate that there is a trend away from conservative work—far from it! What it does indicate is that more of the extraction cases are being dealt with and there are many hundreds more such cases waiting to be found. Moreover, taking into account that 456 of the permanent teeth extracted were sound or saveable and extracted for orthodontic reasons, the ratio of permanent teeth filled to permanent teeth extracted remained 2.5 to 1 as in the previous year, thanks to the increased number of permanent teeth filled.

For the first time the Ministry's annual return, Table V, includes headings for orthodontic treatment and it will be seen these headings cover the work pretty comprehensively. The work is carried out partly by the dental officers and partly by the orthodontist who attends at Overton Road three sessions a week. The table below shows separately the work carried out by Mr. Smith and that by the other dental officers:—

Orthodontics.	By Mr. Smith.	By D.O's.	Total.
(a) Cases commenced during the year...	55	85	140
(b) Cases carried forward from previous year ... ... ...	55	33	88
(c) Cases completed during the year ...	36	53	89
(d) Cases discontinued during the year	2	27	29
(e) Pupils treated with appliances ...	110	118	228
(f) Removable appliances fitted ...	101	118	219
(g) Fixed appliances fitted ... ...	62	1	63
(h) Total attendances ... ... ...	1,540	1,049	2,589

*Other Operations.* The bulk of the figures under this heading mainly consist of minor things such as temporary dressings, but it includes also several items of interest.

Over and above the teeth that were filled, a further 13 permanent and 31 temporary teeth were conserved by stoning and treating with silver nitrate.

Scaling and polishing was carried out for 222 children. Gum swabs were taken in 12 cases of suspected Vincent's infection and 10 cases were confirmed—three of them in one family. These cases are normally excluded from school; exception was made in 2 cases at Western Park Open-air School where conditions allow supervision of treatment and precautions to be taken against infection of others.

Dentures fitted totalled 69 for the 59 pupils under heading 12. Where front teeth are lost it is the rule rather than the exception

for temporary or in cases where the 1st molars are missing

*Dental Health Exhibition.* At the annual Abbey Park Show the Health Department's stand, consisting of two tents, was given up wholly to Dental Health, and to Mr. E. W. Harris, the Health Education Assistant, must go the credit for its success.

In one tent was the dental exhibition which was based on the Dental Board's booklet "A House in Toorthtown," which compares the building, maintenance and repair of a tooth to that of a house.

I would acknowledge the help from the General Dental Council for the free loan of a stereoscopic viewer showing slides of various conditions of the mouth before and after treatment and also of display cabinets which fitted in so well. A tape-recorder proved a great attraction to the younger section of the public, from whom a constant stream of willing announcers was found to put out the prepared dental propaganda.

In the second tent a continuous programme of films was shown during the two days and they proved to be of great interest. It was most encouraging to all concerned to see the exhibition tent frequently packed to a standstill and "standing room only" at the film display.

Approval in principle was given during the year to the employment of a dental hygienist, and I am glad to be able to report that at the time of writing this appointment has in fact been filled. The duties of a dental hygienist are strictly limited and consist mainly of cleaning and polishing teeth and the instructing of patients in oral hygiene, but these will prove more than enough to keep her fully occupied. Her duties will, of course, include similar work for the Health Committee.

### Report on the Specialist Orthodontic Service.

Last year, when contributing to the dental report, I emphasised the obvious similarity which must occur in all such reports on so specialised a subject. The pattern of the work completed during the year has been much the same as that of the previous year.

The number of completed cases at 36 is two more than last year, and represents a good average for 134 working sessions. The total number of attendances at the orthodontic clinic, however, rose by 106 to a total of 1,540, an average of 11.5 patients per session. Since there are generally four half-hour "working" appointments per session, I think that this can be regarded as very satisfactory.

In comparing results between this and the previous year, it will be seen that a drop in the number of removable appliances from 116 to 101 has been offset by an increase from 49 to 62 in that of fixed appliances made directly in the mouth at the chair-side. In addition, alterations in the form of one or more new arches were made to 46 of the fixed appliances.

Owing to mechanical trouble with the "Mobilix" X-ray machine, which I am happy to say has now been put right, there was an annoying and troublesome period during which the X-rays were either completely ruined or of a very low standard. However, in spite of the trouble, 116 satisfactory skull X-rays were taken for diagnostic purposes during the year.

Of the new cases seen during the year, it has been possible to return 44 to the clinics from which they were referred, and treatment is now to be carried out for them by the dental officer concerned.

A further 55 new cases were started during the year, making a total of 110 children under treatment. Attendance has continued to be good with a very low percentage of "failed" appointments. Most of the children co-operate fully and eagerly in their treatment, and in only 2 cases was treatment discontinued.

With the addition of the small machine for "bracket-making," the equipment of the clinic is virtually complete, but I hope that photographic equipment will be available in the not too distant future.

At the dental exhibition at the Abbey Park Show, several cases with "before" and "after" treatment models were on view and attracted attention. I feel that publicity of this type is desirable whenever possible.

Again my thanks are due to Miss Brown for her very efficient chairside work and organisation of appointments. Her very tactful handling does ensure that the Saturday morning appointments which are so popular are shared out fairly.

To Mr. C. A. Reynolds and his staff my thanks are again due. Their enthusiastic co-operation in the presentation of the cases for diagnosis, and treatment of those cases referred back to them, does so much to help my work along and I am indeed grateful to them.

K. A. SMITH.

#### 4. Skin Diseases.

There are six Minor Ailments Clinics for the treatment of skin diseases and minor ailments. These clinics have been listed at the commencement of the report.

The number of cases treated at these clinics in 1956 was 6,384 as compared with 6,927 in 1955. The total number of attendances was 26,021 as compared with 31,729 in 1955.

There was a decline in the incidence of impetigo.

Plantar warts were treated by curettage with the co-operation of the Orthopaedic Department. There were 415 cases treated during the year, 247 girls and 168 boys.

#### Scabies.

Cases of Scabies are treated at the Slater Street Clinic. The following table gives a summary of the cases treated, the figures for 1955 being added for comparison :—

	School Children.	Other Patients.	All Ages.
Number treated	... 74 (77)	23 (40)	97 (117)
Attendances	... 354 (345)	102 (223)	456 (568)

#### 5. Visual Defects and External Eye Diseases.

The number of refractions carried out in 1956 at the Eye Clinic in St. Albans Road was 2,969 compared with 2,095 in 1955. The number of new cases waiting to be seen at the end of the year was 228, but there was an accumulation of old cases waiting for review.

Cases of external eye disease were treated at the Minor Ailments Clinics. The number of these cases was 556.

Miss M. J. Smith, the Orthoptist at the Eye Clinic, resigned in April, 1956, and the post was filled in September, 1956, by Miss S. Jones.

Miss Jones reports on the year's work as follows :—

Number of tests	...	...	...	...	1,260
-----------------	-----	-----	-----	-----	-------

Number of treatments	...	...	...	...	445
----------------------	-----	-----	-----	-----	-----

Total	...	1,705
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Number of new cases seen	...	...	...	214
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Number discharged	...	...	...	19
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The cases discharged were classified as follows :—

Successful response to Orthoptic Treatment	8
Partial response to Orthoptic Treatment ...	4
Good cosmetic results ... ... ...	1
Unsatisfactory results ... ... ...	3
Treatment discontinued ... ... ...	2
Left the City ... ... ...	1
	—
Total ...	19
	—

In some cases of squint, operative treatment is required, and from whatever source of referral these operations are carried out at the Leicester Royal Infirmary.

There were in all 62 school children who received such treatment during 1956.

## 6 and 7. Ear, Nose and Throat Defects.

There were three out-patient sessions held weekly at Richmond House. In 1956, 1,442 applications for appointments were received as compared with 1,472 in 1955. At the end of the year, 180 children were waiting to be seen.

Operative treatment was carried out at the Clarendon Park Road Clinic, Markfield Hospital and Hinckley Hospital. The availability of beds at the two latter hospitals helped to reduce the waiting list of operative cases to 728 as compared with a waiting list of 1,008 at the end of the previous year.

The following table summarises the work :—

### A. Cases treated at Richmond House.

Diseases of the Ear ...	...	...	...	783
Nose and Throat Diseases ...	...	...	...	291
				—
Total ...				1,074
				—

### B. Operative Treatment

(including Special Schools and M. & C.W. Cases).

#### 1. Clarendon Park Road Clinic.

Diseases of the Ear ...	...	...	...	2
Adenoids and Chronic Tonsillitis ...				1,054
Other Nose and Throat Conditions ...				42

#### 2. Markfield Hospital.

Diseases of the Ear ...	...	...	...	—
Adenoids and Chronic Tonsillitis ...				225
Other Nose and Throat Conditions ...				51

#### 3. Hinckley Hospital.

Diseases of the Ear ...	...	...	...	—
Adenoids and Chronic Tonsillitis ...				8
Other Nose and Throat Conditions ...				4
				—
Total ...				1,386
				—

Mr. Waring Robinson, the Ear, Nose and Throat Surgeon, reports as follows:—

### **Ear, Nose and Throat Clinic.**

The birth-rate bulge of the post-war years has been the main cause of the increased work of the Aural Clinic and associated institutions during the past five years.

The crest of the wave has now passed and this has resulted in a welcome fall in the waiting lists both for consultation, treatment and operation.

If the present trend continues, treatment cases should be able to attend more frequently. There is much scope for prophylaxis, and treatment in cases of recurrent otitis media, chronic suppurative otitis media and the various forms of deafness.

Markfield, and Hinckley and District Hospitals have admitted many children for operations and treatment during 1956 and this has helped to reduce still further the waiting list.

More children have been sent to convalescent homes for recuperation following operation, or to build up their general condition prior to operation. In this respect, much credit must go to Sister Day and her staff at Clarendon Park Operative Clinic for the careful selection of those cases suitable for convalescence.

The past year has shown more than ever the value of the clinic for ascertainment of deafness in young children, and of the audiometric clinic for school children. Particular attention is paid to lip-reading ability, each child receiving individual care.

There has been a definite reduction in the number of children attending for chronic sinusitis. This I believe to be due to the intensive treatment given for this distressing complaint. During 1955, 265 children had to be admitted, whilst during 1956 the number fell to 165.

I thank all the teaching staff who have helped the partially deaf children by arranging suitable seats in class and for the extra patience and care given to these children, many of whom are learning to use hearing aids.

It is a pleasure to hear from parents of the improvement in their children's happiness and progress at school where such consideration has been given.

The amount of co-operation, and the smooth working of the links between the Aural Clinic and the other clinics and hospitals, is due to the accurate and painstaking efforts of the nurse in charge at Richmond House.

G. WARING ROBINSON.

### 8. Speech Defects.

Miss K. M. Allen reports on the work of the Speech Therapy Department :—

#### Annual Report of the Speech Therapy Service for the Year ended 31st December, 1956.

#### Analysis of Treatment carried out during the year.

		Infants.	Juniors.	Seniors.	Total.
Total No. of children <i>Current</i> from 1955	Stammerers ... Speech Defects ... Total ...	17 86 103	45 34 79	19 6 25	81 126 207
Total No. of children <i>Admitted</i> during 1956	Stammerers ... Speech Defects ... Total ...	7 39 46	23 37 60	21 6 27	51 82 133
Total No. of children <i>Discharged</i> during 1956	Stammerers ... Speech Defects ... Total ...	1 34 35	6 26 32	10 11 21	17 71 88
Total No. of children <i>Current</i> for 1957	Stammerers ... Speech Defects ... Total ...	23 91 114	62 45 107	30 1 31	115 137 252

Total No. of cases treated ... 340.

N.B.—In view of staff changes, it was not possible to treat immediately the group of 125 patients in January, 1956, as planned. These children were admitted for treatment as circumstances permitted during the year, and are included in the total number of 133 new admittances.

#### Changes of Staff.

In January, Miss M. D. Davie was married and left Leicester to take up an appointment as Speech Therapist at Cheltenham.

In April, Mrs. M. W. Barker was appointed as a Senior Speech Therapist to fill the vacancy caused by Miss Davie's departure.

In September, Miss D. M. Hubbard was appointed to the clerical staff.

#### Notes on Cases Referred.

#### Articulatory Defects.

The majority of school children are referred because they suffer from defects of articulation of varying severity, which give rise to poor, babyish or unintelligible speech. These children can usually speak quite normally when they are discharged from the clinic.

### **Stammering.**

Children who stammer make up the next largest group of referrals. As a result of the work done in the Hazel Street Speech Class much better results are now being achieved and the number of children who are discharged with normal or almost normal speech has reached a most satisfactory high level. In some cases, unfortunately, it is still only possible to alleviate the symptom and to help the patient to make a better adjustment to his disability. It is, however, most satisfactory to note that there is a marked decrease in the number of school children who suffer from this distressing disability.

### **Post-Operative Cases.**

The number of children referred with a speech defect due to a cleft palate has been much reduced. Modern methods of plastic surgery result in a successful operation at an early age, so that most of these children are speaking normally before they are old enough to attend school. Any young child who requires speech therapy receives help through the Pre-School Advisory Service.

A small number of children require treatment after an operation for removal of tonsils and/or adenoids. This enables them to overcome the habit of using the denasalised speech which makes them sound as if they "have a coad id the dose."

### **Cerebral Palsy.**

Arrangements have also been made to give Speech Therapy to a small group of cerebral palsied children. While it is almost impossible for these children to achieve normal speech, in some cases they can be taught to achieve sufficient control of their muscles to enable them to speak intelligibly. This is a social asset which does something to help these children to live a more normal life. Much patience and perseverance is needed by both patient and therapist, as this disability is slow in responding to treatment.

### **Results.**

These brief notes will show that the majority of the children who attend the Speech Clinics are discharged with the ability to speak normally, so they can be expected to take their place in the life of the community, without any fear of being "different" from their fellows.

### **Lectures and Demonstrations.**

Lectures and demonstrations on the scope and function of Speech Therapy were given by members of the staff during the year to various groups of people. These included :—

Student Health Visitors.  
 Student Teachers.  
 Nursery Nurses.  
 Social Science Students.  
 City Health Department.  
 County Health Visitors.  
 Townswomen's Guild Meetings.  
 Leicester Association for Mentally Handicapped Children.  
 Various discussion groups.

It is encouraging to note that there is more interest taken by the lay public in our work. More understanding of the serious effects of adverse social repercussions on the speech handicapped patient can do much to relieve him of anxiety, and so indirectly aid the work of the Speech Therapist.

### **Visitors.**

The Speech Class has continued to arouse much interest. Visitors from the British Isles, Jugoslavia, New Zealand and the U.S.A. have spent some time studying the organisation and methods used. The children greatly enjoy these visits and show much confidence in their attitude to their visitors.

### **Clinics.**

#### Main Clinics :

Belvoir House.  
 Chester Street.  
 Cort Crescent Community Centre.  
 New Parks Community Centre.  
 Northfield Lodge.

#### Supplementary Clinics :

Hazel Street Remedial Speech Class.  
 Alderman Richard Hallam Infant.  
 Whitehall Infant.  
 Forest Lodge Infant.  
 Glenfrith Hospital School.  
 Imperial Avenue Infant.  
 New Parks Infant.  
 Southfields Drive Infant.  
 Western Park Open-air School.  
 Woodstock Infant and Junior Schools.

K. M. ALLEN.

**9. Lymphatic Glands.**

A large proportion of these lymphatic glands were cervical glands, the enlargement being due to diseases of the ear, nose and throat.

**10. Heart and Circulation.**

Cases of congenital heart disease attend the Cardiac Clinic at the Leicester Royal Infirmary or the Chest Unit.

Rheumatic Heart cases attend at the Rheumatism Clinic held twice weekly at Richmond House.

Dr. Braithwaite, Physician-in-Charge, reports as follows:—

### Report of the Rheumatism Clinic—1956.

368 children attended the Clinic this year, an identical number to that of the previous year. Of these, 281 were old cases and 87 new. Of the new cases, 24 were discharged as being not rheumatic, and 1 rheumatic patient ceased attendance at the request of her own doctor. Most of the other patients had transient muscular pains or harmless heart murmurs.

There were 46 girls and 16 boys in the rheumatic group; 26 of them or 42% gave a family history of rheumatism.

They came from the following type of district:—

Poor working class	...	...	3
Average working class	...	...	22
New estate	...	...	34
Middle class	...	...	3

*Diet:* 10 children apparently had a deficient diet; 2 received inadequate protein; 1 inadequate Vitamin C; 1 inadequate Vitamin C and protein, and 6 all-round deficiency.

*Lesions:* 36 girls and 11 boys had subacute rheumatism; 6 girls and 3 boys had typical rheumatic fever; 1 girl had chorea. 3 girls and 1 boy were kept under observation for various complaints which were probably not rheumatic.

#### *Prodromal Infections:*

##### Subacute Rheumatism:

Tonsillitis	...	...	...	9
Frequent sore throat	...	...	...	6
Jaundice	...	...	...	1
Sinusitis	...	...	...	1
Erythema nodosum	...	...	...	1

##### Acute Rheumatism:

Tonsillitis	...	...	...	6
Apical dental abscess	...	...	...	1

*Enlarged Cervical Glands* were present in 10 children with subacute rheumatism and in 3 with acute rheumatism.

*Disappearing Bruits:* 3 apical systolic murmurs disappeared but 1 of these re-appeared. Probably these murmurs are of no significance. No fresh murmurs developed.

*Relapses:* Only 2 children relapsed during the year. 1 of these was on prophylactic sulphonamides.

*Prophylactic Treatment:* 41 children with severe lesions were given prophylactic sulphonamides. 1 of these relapsed. 6 others were given oral penicillin V twice daily. This is now considered to be more effective than sulphonamides and will be increasingly used in future.

J. VERNON BRAITHWAITE, M.D., F.R.C.P.

### 11. Lungs.

A group of children with chronic pulmonary complaints attend the Open-air School where there is a Special Unit provided for giving treatment in the form of breathing exercises and postural tipping. A full-time School Nurse is in attendance.

### 12. Developmental Anomalies.

Developmental defects are referred for treatment by private practitioners or hospitals.

### 13. Orthopædic Defects.

An Orthopædic Consultant Clinic is held at Richmond House twice weekly. School children and pre-school children are seen and a full-time physiotherapist carries out treatment.

The number of patients seen during the year was as follows :—

#### NEW CASES :

School children ...	...	...	266
Health cases ...	...	...	86
County cases ...	...	...	51
			—
	Total ...	403	—

#### OLD CASES :

School children ...	...	...	422
Health cases ...	...	...	150
County cases ...	...	...	176
			—
	Total ...	748	—

The number of Orthopædic in-patient operations was as follows :—

Leicester General Hospital	...	81
Leicester Royal Infirmary	...	42

### 14. Neurological Defects.

These defects are treated by private practitioners and hospitals.

### 15. Psychological Defects.

Close liaison is maintained with the Child Guidance Unit. Cases thought to be in need of psychiatric treatment are referred to Dr. Graf and consultations are held with Miss Sampson, Head of the School Psychological Service, re the ascertainment and placement of handicapped children. Accounts of the work done are given in the reports of Dr. Graf and Miss Sampson, who has kindly included a copy of her report on the School Psychological Service as presented to the Education Committee.

**Annual Report of the Child Guidance Unit of the  
City of Leicester  
for the Year ending 31st December, 1956.**

It is a pleasant duty and privilege to submit the sixth Annual Report on my duties as Children's Psychiatrist of the Leicester Child Guidance Unit.

Grown from small beginnings, alongside the more mature and better established School Psychological Service, the Child Guidance Unit has got over its teething difficulties and become confident in its usefulness and purpose. We will soon have to be careful that the pressure of heavy demands and the routine established to cope with the manifold duties, does not make this service to the community stale and unimaginative. Child Psychiatry is still a comparatively young but an ever-expanding science, and we must be always prepared to accept and test new ideas, while remaining aware of the large body of information accumulated about the mental health of children and parents by those who lived and worked before us.

The research work of John Bowlby and his co-workers at the Tavistock Clinic has emphasised the importance of securing mental health and happiness for the mother and her child from the earliest possible moment in the interest of the social stability of the community and mankind as a whole. This has widened during the last few years the field of competence of the child psychiatrist from the relatively narrow setting of his clinic within the School Medical Service and brought him increasingly more into contact with his colleagues in the obstetrics and maternity services and given him an opportunity for making his views felt in the infants' welfare centre or children's hospital. The usefulness of a psychiatric opinion on the problems of mentally normal but deprived or delinquent children is increasingly recognised and we get many more calls for advice from the Children's Department, Magistrates of Juvenile Courts and the many other services concerned with the welfare of children and parents.

The work a children's psychiatrist does can, therefore, no longer be judged by the number of cases he sees at the clinic and his increased responsibilities in the mental health field have been recently recognised at this clinic by the Sheffield Regional Hospital Board by approving the appointment of an assistant who would not only train in the intricacies of this speciality but would also relieve the consultant of much of the routine work.

In view of the developments described above, it is not surprising that there has been a slight drop in the numbers of new cases seen in 1956 (173 compared with 193 in 1955) and the case attendances (464 compared with 543), but the real demand for service is emphasised by a waiting list of about thirty cases extending back over six months. This brings the number of new cases referred to over 200, a figure larger than ever before.

The analysis of the nature of disturbances diagnosed shows this year a marked predominance of those who suffered by faults or handicaps in their home and proves the tremendous influence the unselfish devotion of mature parents has on the happiness and stability of a tender, growing child. However, there are also many constitutional factors, beyond the control of parents, and the difficult milestones of normal development which may handicap a child. Adolescence may prove to be, for psychological and physiological reasons of glandular maladjustment, a time of emotional tension. In fact, I have seen again and again cases of apparently severe emotional disturbance or maladjustment in adolescents of either sex which had led to considerable difficulties at home, deterioration of work in school or delinquent action in society. This could only be accounted for by the emotional turmoil of this age, when the body and the mind are no longer child but not yet adult. If managed with wisdom and tolerance many of these cases, however, tend to improve and the teenagers overcome their problems almost spontaneously. Such evanescent disturbances, sometimes difficult to distinguish from the more serious and lasting personality disorders commencing at this age, can be described as "Emotional Crises of Adolescence."

Problems arising from mental retardation (12) or secondary to disease of the body or damage to the nervous system (11) were less numerous, but bed-wetting remained the most frequent single habit disorder (15) for which advice was sought. Psycho-neurotic disturbances (17) were much less numerous than last year, there was only one case of epileptic behaviour disorder, several psychosomatic complaints (6) and four cases of psychosis, two of which required to be sent to a mental hospital. In eleven cases we could reassure the parents that their children did not suffer from any psychiatric or emotional disturbance. The sex distribution of new cases showed, for the third year, a decisive preponderance of boys over girls (135 to 65) and most cases were between the ages of nine and fifteen years, the young teenagers showing this year slight predominance over the junior school age.

The Hostel for Maladjusted Children at Kirby Muxloe has remained full throughout the year and the results of this temporary, residential treatment, carried out with the fullest co-operation of parents under ideal conditions, were again satisfactory. The children's psychiatrist remained in touch with all the children at the Hostel and selected cases were reviewed from time to time. He regularly attended the monthly case conferences of the Hostel staff. Several of the children at the Manor House Day School for Maladjusted Children received play therapy by him and he advised the staff of the school at conferences or through the educational psychologist.

The Consultant Psychiatrists from the Towers Hospital, Drs. Turner and Lennon, continued to give valuable help by their regular sessions at Belvoir House and their ever-ready advice on difficult cases. Dr. D. T. Harris, Deputy Medical Superintendent of Glenfrith Hospital, spent much time in diagnostic and therapeutic work with children at the Unit. With his recent appointment as Medical Superintendent of the Bradford Mental Defectives' Hospital the clinic loses a competent adviser and pleasant colleague. Dr. Swainson, who for many years had done valuable psychotherapeutic work with maladjusted children, has left us to concentrate on her duties at the University College, and the appointment of Mrs. Hildegarde Forres, Ph.D., as Psychotherapist of the School Psychological Service, is greatly welcomed. Miss Leslie Horsham has proved herself as my new personal and confidential secretary.

There was an open clinical evening of the Child Guidance Unit in November, when Mrs. H. Forres, Ph.D., lectured on "The Problem Mother." So many people were interested in her talk that some had to be turned away because of the limitations of space at Belvoir House. Members of the Child Guidance Unit continued to keep abreast with modern teaching by attending professional meetings and courses, often at their own expense, and they in turn spread knowledge about their work by lecturing to interested parties.

We have, throughout the year, at the Child Guidance Unit, continued with the well-tried team approach to our children's problems and I was assisted by Miss O. Sampson, her assistants, and the Social Workers in my therapeutic efforts. My thanks are therefore due to all my colleagues at Belvoir House and I am well aware that without their co-operation my psychiatric efforts would be largely in vain.

A. K. GRAF,  
*Children's Psychiatrist.*

ANALYSIS OF TYPES OF NEW CASES  
 (INCLUDING RE-REFERRALS)  
 SEEN BY DR. GRAF AT THE  
 LEICESTER CHILD GUIDANCE UNIT IN 1956.

*Behaviour Problems.*

Mainly due to environmental factors (including parental problems) ... ... ...	46
Mainly due to personal and emotional factors ...	20
Mainly due to absolute or relative mental retardation	12
Mainly due to bodily disease ... ... ...	6
Mainly due to damage of the C.N.S. ... ...	5

*Problems of Habit and Maturation.*

Enuresis (Bed-wetting) ... ... ...	15
Problem of Sex Development ... ... ...	11
Emotional Crisis of Adolescence ... ... ...	8
Tic (Habit Spasm) ... ... ...	4
Encopresis (Soiling) ... ... ...	4
Speech Disturbance ... ... ...	1
Vasovagal Lability ... ... ...	1

*Psychoneurotic Disturbances.*

Chronic Anxiety State ... ... ...	9
Acute Anxiety State ... ... ...	3
Obsessive Compulsive Neurosis ... ... ...	1
Hysteria ... ... ...	1
Traumatic Neurosis ... ... ...	1
Reactive Depression ... ... ...	1

*Psychosomatic Disturbances* ... ... ...

*Epileptic Behaviour Disturbances* ... ... ...

*Psychotic Disturbances* ... ... ...

*No Psychiatric Disturbance or Maladjustment* ...

*Investigations not completed* ... ... ...

Total ... 173

STATISTICS OF CASES SEEN BY DR. GRAF FOR THE CITY OF LEICESTER DURING 1956.

Number of Cases Seen.

	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total
New Cases	13	4	10	15	22	16	12	7	8	15	14	16	152
Re-referrals	1	-	3	1	4	3	2	1	-	2	1	3	21
	—	—	—	—	—	—	—	—	—	—	—	—	—
	14	4	13	16	26	19	14	8	8	17	15	19	173

Case Attendances.

	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total
	68	23	18	47	51	67	63	10	15	33	38	31	464

Seen by Consulting Psychiatrists of *Towers Hospital*.

Ages of Patients.

Case attendances	...	51	0—5 years	4	Boys.	5	Girls.	9	Total.
New Cases	...	26	6—8 years	21		19		40	
Re-referrals	...	1	9—11 years	41		19		60	
	...	...	12—15 years	59		21		80	
	...	...	Over 15 years	10		1		11	
			Total	135		65		200	

**Annual Report of the Leicester School Psychological Service  
for the Year ended 31st December, 1956.**

*Introduction.*

During 1956 the national press has carried comments on the stilted nature of many annual reports. To avoid the dangers of getting in a rut and justifying this criticism, I am this year attempting rather different presentation of the facts (backed, however, with the usual statistics), which I hope may give more actuality to the record.

*Our Home.*

The work of any group of people is considerably affected by their living conditions. When we moved from the back-of-the-office premises in 1949, for instance, we found opportunities and new scope at Belvoir House and congratulated ourselves. But now the developments in activities and staffing which the move made possible mean that we are again bursting at the seams and subject to the embarrassments and frustrations consequent on over-crowding. But difficult as the situation has become, with all rooms in double or even treble occupation, our efforts continue to multiply rather than divide (total figures for this year number 780 as compared with 682 in 1955 (Appendix I.) Meanwhile we remain hopeful, after several disappointments, that we may eventually inhabit premises as worthy as those some of our American and Continental visitors enjoy.

*Our Work.*

To describe what we have done in 1956 and with what results, is the main object of this report, and I propose to describe and comment on (a) the range of referrals, (b) the questions of co-operation arising from these, (c) the results obtained.

(a) The range of referrals.

To study this in more detail than is possible when the total figures are massed (Appendix I, II), let us take 100 unselected typical cases drawn from the six main sources of referral. In this typical group, 40% come from the schools, 25% from the Courts 12% are "Schools Branch" referrals, 10% are Child Guidance cases, 7% are brought direct by parents and 6% are from the Children's Department. Some interesting facts emerge when these groups of cases are more closely studied. Proportions of referrals are about equal between the infant, junior and secondary schools. In the infant schools half the children in the typical sample were referred on account of backwardness and half on account of difficult conduct. Intelligence varied from very low (I.Q. 47) to average. At the junior stage, backwardness was the cause of referral in two-thirds of the sample studied. Intelligence ranged from I.Q. 67 to I.Q. 103 but the investigations revealed many complicating factors. At the secondary stage referrals were again distributed between problems of education and conduct. The I.Q. range was from 65-134, and the individual histories showed great variety, necessitating different disposal and treatment in every case. Of the large number of Court cases seen, the majority were charged with larcenies of varying

seriousness. I.Q.s. in the sample group ranged from 58 to 117. Almost a third of these children were badly retarded educationally but one in eight was advanced. The Court's eventual decisions showed less variety than the psychologist's recommendations. Very few of the children seemed seriously disturbed mentally. "Schools Branch" referrals are mostly children newly arrived in Leicester, about whose placement advice is sought. In only one of the cases of the sample group was the indication of the intelligence test not borne out by the scholastic tests separately worked. The "Child Guidance" group of cases are characterised (as was also noted in 1955) by their higher intelligence range (I.Q.s. 80 to 143 in the sample) and by the varied nature of the problems they present, among which nervous and aggressive symptoms are the chief. Though most of the cases in the typical group ultimately received treatment in sessions with the psychiatrists, some have been usefully helped by school transfers or Hostel placement, while the work of the social workers with the families has been of paramount value. In considering the typical 7% brought by parents the variety of reasons for their referral is most striking. This necessitated an equal variety of diagnostic procedure, involving sometimes only the psychologist sometimes psychologist and social worker, and sometimes both along with the psychiatrist. About half these cases were dealt with by advice only, others involved this combined with school transfers, remedial education or group therapy. Referrals from the Children's Officer mostly involved the giving of advice on placement and schooling. The intelligence range was similar to that encountered in the schools' problems and ran from I.Q. 67 to 110.

(b) The question of co-operation.

I use the word "question" advisedly because the facts to follow are designed to answer two often met queries: "Are not the children frequently too shy or hostile to co-operate with you?" and "What about co-operation with parents, teachers and others?" As both child and adult co-operation is critical to success, I have examined the situation afresh in terms of this year's figures. Lack of co-operation by children is very rare. In less than 2% of cases, two interviews were needed before a child would "be himself," and in only one instance out of 780 this year was a second interview in vain. Generally the position is "quite the other way." The children enjoy the interviews and open-up in the process.

As to co-operation with the adult world we are in too close touch with the public not to realise that there are some, even perhaps many, who regard psychology with reserve and doubt. But a study of the facts shows a very high measure of co-operation. After the slight drop in referrals from the schools reported last year, the figures have again risen healthily to 271 (184), representing 35% (29%) of all referrals. Junior schools are largely responsible for the increase. As regards co-operation with parents, the social workers, visiting 179 new homes in the year and making in all about 3,000 contacts, reported only one total failure. In most cases co-operation was fully cordial, and

only in a few cases had some natural hesitation to be overcome. A generous measure of co-operation also has been experienced between the Service and no less than 33 other agencies serving the community. Specialists in co-operation, the social workers spent much time in making and renewing these contacts.

(c) Results.

Results, while obviously important, are notoriously difficult to assess in such work as ours, but by considering different fields of endeavour, I am able to quote certain facts and figures. These are in a sense perhaps the least important fruits of our work, but they provide some concrete evidence.

In the educational sphere, 75% of the special class transfers recommended have taken effect. The rest were not able to be operated for various reasons. Three of the children this year recommended for special schooling have joined Duxbury Road but ten times that number still await places. Of the 32 children recommended for Manor House School, 7 children were not transferred for various reasons. The work of this school, of course, receives detailed report elsewhere, but owing to its close ties with the Service, some record of the achievement of the Headmaster and staff is in place here. The 25 boys and girls who transferred there in 1956 were all children who had failed to make good elsewhere and in the majority of cases behaviour difficulties and difficulties of circumstance had produced personality problems which were standing in the way of their learning and happiness. By accepting these children and dealing with them sympathetically, the school has reversed the situation. Their average pace of progress in reading has been more than doubled and the change in their attitude more than satisfies the parents. "He's quite a different boy now," is a common comment.

In the therapeutic sphere, progress up to three times their previous rate has been achieved with some "remedial coaching" cases and of the other children under treatment by the psychologists 7 out of 8 would seem clearly to have benefited. For the more problematic cases, residence at the Moel Llys Hostel for Maladjusted Children is the usual course and there follows a somewhat detailed account of the work and success there achieved in 1956.

The Hostel has been full throughout the year with 10 admissions and 10 departures. There have been no staff changes but Miss Matthews left at the end of August and has not yet been replaced. This has involved considerable strain for the remaining 3 resident staff but through their strenuous efforts the work has not been allowed to suffer and the usual camp, bonfire night and Christmas activities have gone forward.

The children have attended 12 different schools and the Warden and Matron have worked in close contact with these, attending Parent/Teacher Association meetings and other school functions in a way which is a great support to the children. The schools, too, have reciprocated with appreciation and interest in the progress of our "difficult" children. "We were proud," writes the Warden, "at one school function to see one of our girls who came with a deep hatred of school, spontaneously cheered when

she gained the Public Spirit prize." Many "old" children show their appreciation by return visits. "We have scarcely a week-end without 2 or 3 'old' children returning to see us. Many have been four or more times. Two men, who left as boys 8 years ago, came back from London. One whole family came back after an absence of 2 years. . . . Some come back for comfort in difficulties but most to renew acquaintance. Often they bring news or discuss ambitions. One has his life mapped out until he retires at 65 to write a book!"

Parents of resident and "old" children are also regular in their visits. This is wholly beneficial to the children and though, as the Warden says, "the therapy of tea and talk has yet to be measured," its value is very apparent.

On the whole, 80% Hostel placements are definite successes.

#### *Staff.*

We are extraordinarily fortunate in the complete reliability and devotion to duty of our clerical workers under Mrs. Cross. During the year there have been some changes of personnel, when Mrs. Portman left in July and Miss Fox joined us in August. On the professional side, Mrs. Forres took up duties as part-time psychotherapist in October. A second assistant psychologist is now on the establishment (though not yet appointed) and our first trainee-psychologist, Miss James, left at Easter to take up work in Hampshire, to be followed by Mr. Patrick Hughes, B.A., B.Ed., from Belfast, in October.

Though each professional worker has a time-table of his own making, we function as a team covering a wide range of responsibilities. The social workers (Miss Cullingworth, Mrs. Milloy and Miss Burrell) spend most of their time with parents and families (doing much evening visiting), in making contact with other agencies, and in case conferences. They also pass on their knowledge and skill in lectures and by guiding social-worker students who visit us. The main bulk of the week of the psychologists (Miss Sampson and Miss Lane) is occupied in individual work with children, in diagnostic sessions, remedial work (7 sessions weekly) and play therapy (in two groups, providing for about 200 "child hours" annually). Contacts with schools, probation officers and others, lecturing and training duties, fills up most of the rest of the time. Much administrative work on reports, etc., has to be pushed into the evening and it is then that any research and necessary reading gets done.

#### *Acknowledgment.*

All this work and effort is actively supported by the Director of Education, the Assistant Education Officer for Special Services and the Chairman and members of the Special Services Sub-Committee of the Leicester Education Committee, and to them our indebtedness and gratitude is very real. We are also grateful to numerous professional colleagues for their continued co-operation, particularly to Dr. Graf and the Towers' psychiatrists, with whom we work in the closest contact.

OLIVE C. SAMPSON,  
*Psychologist.*

## APPENDIX.

## I.

## CASES AND SOURCES OF REFERRAL.

Number of Cases	...	...	...	780 (682)
New Cases	...	...	637 (518)	
Re-tests, etc.	...	143 (164)		

<i>Sources of Referral of Children.</i>	New Cases.	Re-tests, etc.
Schools	228 (151)	43 (33)
Magistrates of Juvenile Court	172 (105)	34 (52)
Children's Officer	34 (35)	3 (10)
Child Guidance Unit	66 (90)	4 (6)
Parents	41 (31)	4 (6)
School Psychological Service	3 (—)	39 (42)

## Education Office :

Schools Branch	...	...	70 (78)	12 (4)
Speech Department	...	...	11 (7)	— (2)
School Attendance	...	...	2 (1)	— (—)
School Health Service	...	...	8 (9)	4 (6)
Miscellaneous	...	...	2 (11)	— (3)
			637 (518)	143 (164)

## II.

	Nur-sery	Pre-School	In-fant	Jun-ior	Secondary		Secondary		Pri-vate	Post-Sch.	Total
					Modern	Boys	Gram-mar	Boys			
New Cases	—	9	114	226	123	100	9	7	8	41	637
Retests	...	1	11	63	50	9	—	—	1	8	143
	—	10	125	289	173	109	9	7	9	49	780
1955	...	1	12	199	181	86	25	7	6	34	682

## III.

		New Cases.	Re-tests, etc.
Advisory Service ...	... ...	488 (425)	61 (90)
Special Therapeutic Treatment, including coaching	... ...	32 (25)	4 (3)
Referral to Medical Department for "ascertainment"	... ...	28 (11)	7 (13)
School Transfer ...	... ...	89 (57)	71 (58)
(e.g., change of school/class)			
		637 (518)	143 (164)
		— —	— —

## IV.

## LECTURES.

Courses :		Psychologists.	Social Workers.
Health Visitors' Students	...	... 3	1
Speech Therapy Students	...	... 60 (approx.)	1
Parents' Groups	...	... —	10
Women's Clubs	...	... —	7
Student Groups	...	... 4	3
Non-local	...	... 5	2

## V.

- (a) Visitors have been received from Jugoslavia, India, Canada and Finland, as well as from places in England. Also groups of English students.
- (b) Service has been given on various committees of national organisations connected with psychology (B.P.S., A.P.S.W., A.W.M.C.).
- (c) Various Annual Conferences and Courses connected with psychological work have been attended (B.P.S. Annual, C.P.P., A.W.M.C., N.A.M.H., A.P.S.W., etc.).

## 16. Physical Condition.

During 1956, according to Ministry requirements, the physical condition of a pupil was assessed as "Satisfactory" or "Unsatisfactory" instead of A, B or C. The consensus of opinion amongst Medical Officers was in favour of the change. There are, of course, many causes of a child's condition being unsatisfactory and full investigations are made. In some instances a course of Ultra-Violet Light Therapy is advised. The work of this department is summarised below:—

### Artificial Sunlight Treatment, 1956.

Number of children already under treatment,							
1st January, 1956	...	...	...	...	...	...	149
Further cases referred for treatment during 1956 :—							
School children	...	...	...	...	...	167	
Infants	...	...	...	...	...	89	
						—	256
							—
						Total ...	405
							—

These cases were dealt with as follows :—

Number of children treated and discharged	...	242				
Number of children who discontinued treatment			61			
Number of children examined but not treated...			17			
Number of children who failed to attend	...	3				
Number of children still under treatment at				82		
31st December	...	...	...	...	82	
Number of treatments given	...	...	...		5,527	
Number of medical examinations	...	...			520	
						—
					Total number of attendances	6,047
						—

The results in the cases of children discharged after completing treatment were as follows :—

### Report on Children who were Discharged.

School Children.	Good.		Fair or Unchanged.		Total.
	Boys.	Girls.	Boys.	Girls.	
Respiratory catarrh ...	38	18	7	4	67
Debility ... ..	25	27	—	4	56
Acne ... ...	1	—	—	—	1
Alopecia ... ...	3	4	1	—	8
Asthma ... ...	6	4	—	—	10
Anorexia ... ...	3	6	—	2	11
Various ... ...	6	5	2	1	14
Total ...	82	64	10	11	167

Infants.		Good.		Fair or Unchanged.		Total.
		Boys.	Girls.	Boys.	Girls.	
Rickets	...	6	—	—	—	6
Debility	...	10	6	1	2	19
Anorexia	...	6	6	3	—	15
Respiratory catarrh	...	13	18	—	2	33
Various	...	1	1	—	—	2
		—	—	—	—	—
Total	...	36	31	4	4	75

There were 82 children still under treatment at the end of the year. 14 children received local treatment.

In addition, 35 children attended this department for an examination with an Ultra-Violet Ray Lamp, with Wood's Glass attachment, for suspected ringworm of the scalp. There were 81 attendances.

## VII.—INFECTIOUS DISEASES.

All Head Teachers are provided with a copy of the Education Committee's Regulations for exclusion from school on account of infectious diseases. It is proposed to modify these in the light of the Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Illness issued jointly by the Ministry of Education and the Ministry of Health in 1956.

No school or department was closed during the year on account of infectious disease.

Head Teachers of all schools submit weekly returns of children absent by reason of infectious disease. If more than one case of

Ringworm	...	...	87	101
Scabies	...	...	50	49
Impetigo	...	...	406	625
Poliomyelitis	...	...	3	7
Dysentery	...	...	487	250
German measles	...	...	366	95

The incidence of both measles and whooping cough was low as compared with 1955.

For the fourth year, there was no case of diphtheria. Unfortunately there was a further decrease in the number of children immunised. Only 2,825 children were immunised as compared with 3,229 in 1955. Of this number, 607 had not been immunised before. The remaining 2,218 received a boosting dose. It is not uncommon now for parents, when approached, to give as an excuse that the risk of getting diphtheria is negligible. Propaganda will be maintained.

### Dysentery.

The incidence of dysentery is given in the following table. There were 307 children who had symptoms of dysentery and from whose motions the organism was recovered on bacteriological examination, who can be described as "clinical dysentery-confirmed"; there were 229 children who had symptoms of dysentery but whose bacteriological specimens were negative—"clinical dysentery-negative"; and there were 175 who did not have symptoms but were found to be positive on routine sampling when there had been a case in the family—"symptomless-excretors." Because of holidays these figures are different from those submitted by Head Teachers:—

		Ages.
	Under 5.	5 and over.
Clinical dysentery confirmed ...	... 35	272
Clinical dysentery—specimens taken— negative ... ... ...	... 20	209
Symptomless excretors ... ...	... 14	161

### Tuberculosis.

There were 16 cases of tuberculosis notified in 1956 in the age group 5 to 14 years. Twelve were respiratory infections and 4 were non-respiratory.

The scheme for offering a Mantoux Test for all school entrants was continued. In all cases where the test was positive, the children and other members of their families were given an opportunity of attendance at the Chest Clinic for investigation. As a result of these investigations, five cases of tuberculosis were found amongst the group examined. It appears that the scheme has a definite value in helping to find cases previously undetected.

The following table gives a summary of the results of Mantoux-testing in school entrants in 1956 :—

Age.	Total		
	Number Tested.	Number Positive.	Percentage.
2 years ...	...	1	—
3 „ „ ...	...	174	3.4
4 „ „ ...	...	510	2.7
5 „ „ ...	...	1,344	4.5
6 „ „ ...	...	411	6.3
7 „ „ ...	...	74	4.0
8 „ „ ...	...	9	22.2
9 „ „ ...	...	2	—
	—	—	—
	2,525	112	4.43
	—	—	—

The percentage for 1955 was 2.67.

Mantoux Tests were also carried out in one class of a secondary school, where a case of active tuberculosis had been found.

### B.C.G. Vaccination.

B.C.G. Vaccination against tuberculosis for thirteen-year-old pupils was commenced in October, 1956. Consent forms were issued to parents, together with a leaflet explaining the reason for vaccination and its procedure. The Heaf Multiple Puncture method was used for the testing, which was carried out at the schools. The reading of the tests was also carried out at school. Negative reactors were vaccinated at the Central Clinic. Positive reactors were referred to the Mass Radiography Unit for chest X-ray. Every effort was made to deal with children who were absent when the Medical Officers visited the schools and special sessions were held at the Central Clinic for this purpose. These were well attended.

Two Medical Officers and four Nurses were designated for this work after attending special sessions at the Chest Clinic.

I wish to thank Dr. Connolly, Chest Physician, for his help and advice in instituting the scheme, and also Dr. Quinn, the Medical Director of the Mass Radiography Unit, for whom it has meant much additional work.

I am grateful to the Head Teachers of the schools for their forbearance with yet another disturbance of the school routine.

The following table shows the work carried out :—

Number of schools visited	...	...	15
Number of sessions at schools	...	...	19
Number of sessions at Central Clinic	...	...	8
Number of pupils tested	...	...	767
Number negative	...	...	470
Number vaccinated	...	...	460

After a six or eight weeks interval, pupils are seen at school in order to have the site of vaccination inspected. Pupils at three schools were so inspected before the end of the year. The Medical Officers were well satisfied with the results.

### **Mass Radiography.**

The Mass Radiography Unit arranged special sessions for pupils of 14 years of age and over, and also offered facilities to all teachers and employees in the service of the Education Committee.

I am indebted to the Medical Director of the Unit for arranging chest X-rays for intending teachers, whose medical examination must include a chest X-ray according to the Ministry of Education requirements.

The Medical Director of the Unit reports as follows on the examination of school children:—

**Mass Radiography of School Children for the Year 1956.**

		Boys.	Girls.	Total.
Number attended	...	1,997	1,621	3,618
Number recalled for large film	...	178	156	334
Number recalled for examination	...	34	19	53

	DISEASE	AGE GROUPS							Total
		13	14	15	16	17	18		
Active T.B.	Boys	—	—	—	—	—	—	—	—
	Girls	—	—	—	1	—	—	—	1
Inactive T.B.	Boys	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—
Bronchiectasis	Boys	—	1	—	1	1*	—	—	3
	Girls	1*	3*	—	—	—	—	—	4
Cardiac	Boys	1	—	1*	—	—	—	—	2
	Girls	—	—	—	—	—	—	—	0
Remaining under Observation	Boys	2	6	—	—	—	—	—	8
	Girls	1	1	—	—	—	1	—	3
Did not attend for further examination	Boys	—	—	—	1	—	—	—	1
	Girls	1	2	1	—	—	—	—	4

\* Previously under observation and treatment.

It is still too early to give a complete report; as will be seen from the above chart, there are still a number of children under observation at the Chest Clinic and Chest Hospital.

In addition to normal X-raying of children fourteen years of age and over, X-ray work has been undertaken in connection with the B.C.G. vaccination scheme.

As in previous years, the opportunity was given to all school staffs to participate in the survey.

In accordance with the Ministry of Education requirements, all intending teachers leaving the two City Training Colleges, and others entering the teaching profession, were X-rayed. Students at the College of Art and Technology were given the opportunity to attend, even though they were not intending teachers.

E. M. QUINN,

*Medical Director.*

### VIII.—OPEN-AIR EDUCATION.

#### Mablethorpe Holiday Home.

The Boys' and Girls' Summer Camp Society provided a fortnight's holiday at their Home in Mablethorpe for 692 children in poor circumstances.

From 7th May to 4th June, the Education Committee accepted financial responsibility for 81 children, who were recommended as in need of convalescent treatment by School Medical Officers.

Tuition was provided by the Education Committee for the months during which the Home was open.

#### Open-Air School, Western Park.

At the end of 1956, there were 172 pupils on the register of this special school. Of this number, 115 were cases of chest complaints. There were 70 cases of bronchiectasis, 20 cases of asthma and 25 cases with other chest conditions. Daily treatment in the form of postural tipping and breathing exercises is given in the special unit provided for the purpose. There is a full-time nurse in attendance. Injections of anti-biotic drugs are given in certain cases on the advice of the Chest Physician, thus avoiding absences from school, when these have to be given regularly.

Ultra-Violet Light Therapy proves advantageous in selected cases. The number of individual children treated thus was 36 and 650 treatments were given.

The results were as follows:—

	Improved.		Unchanged.		Total.
	Boys.	Girls.	Boys.	Girls.	
Asthma ... ...	1	—	—	—	1
Poor General Condition	19	15	—	—	34
Frequent Colds ...	1	—	—	—	1
	—	—	—	—	—
	21	15	—	—	36

## IX.—PHYSICAL TRAINING.

### Physical Education Report for 1956.

By MR. F. W. BRIGGS and MISS M. M. CARTWRIGHT.

Interest in Physical Education continued to be well maintained in all the schools in the City.

The Primary Schools provide some physical activity for each child every day, whether in the form of lessons, of games or of dance. In each lesson there is ample opportunity for movement, for the practice and development of skills and for the appreciation of the quality of a movement. The children are encouraged to think out and practice things for themselves and to discover their own capabilities. The movements thus cover a very wide range, limited only by the ability of the child and the facilities available, and care not only for skill and dexterity but also for grace and agility. The games period allows for play and for the development of that relationship with others only found in the friendly competition of the game.

The Secondary Schools generally offer three periods per week for movements, in Girls' Schools one of these is for dance, together with a double period for organised games on a playing field. The recent provision of Southampton type apparatus in most of the Secondary School halls has increased the scope of the work and added greatly to its interest.

The arrangements for organised games continue to be such as to allow every child in the Secondary Schools to visit a playing field once a week. The top classes of those Primary Schools near a playing field or park have a similar but shorter period. Provision is made for the playing of football (Association and Rugby), cricket, hockey, rounders, baseball and tennis and for the carrying out of all types of athletic events.

Swimming Instruction is provided for the children of both Secondary and Primary Schools within reasonable distance of the baths. Unfortunately some of the older and many of the new schools are not within economical travelling time of the baths and so are denied this privilege.

#### Swimming Statistics.

	Boys.	Girls.
Total number for whom instruction was provided	4,882	3,520
Total number of beginners ... ... ...	2,375	1,939
Number of beginners who learned to swim ...	1,386	1,050
Number who continued during the winter ...	2,469	1,381

During the year Observation Courses in Physical Education for Primary (Infant and Junior) Teachers and an Athletics Course for women generally were held. The teachers who attended now approach the subject more confidently than before.

Voluntary Organisations connected with schools continued to encourage participation in most forms of sporting activity. Canoeing is now becoming popular and several schools have made canoes.

Evening Institutes and Youth Centres continue to afford opportunities for all types of Physical Education. It is pleasing to note that students are showing a greater interest in the development of better personal performance and the work is therefore more purposeful.

F. W. BRIGGS,  
M. M. CARTWRIGHT.

## X.—SCHOOL PREMISES AND SCHOOL HYGIENE.

No special surveys were made by the School Medical Officers during the year, but they continued their supervision of general hygienic conditions in the schools.

Medical Officers have appreciated the provision of medical inspection rooms in the newly built schools. The health of the school child plays an integral part in education, and the medical inspection now does not mean only the detection of defects. It includes health education and a full survey of all factors, social and otherwise, which can influence the health of the child. There should be facilities for full and private consultations between doctor and parents.

Moreover, medical rooms are used on many other occasions as well as for medical inspections. There are the nurses' hygiene inspections, special vision tests, special hearing tests, weighing and measuring, dental inspections and sometimes speech therapy. All these tend to cause some disruption of school work if no special provision is made.

I am indebted to Mr. Hartley for the following report on work carried out in the schools during 1956 :—

### **Report by the Surveyor to the Education Committee.**

#### **Maintenance, etc.**

Upkeep, minor building works and improvements of the order of approximately £117,000 were carried out at a total of over 160 schools and educational buildings.

Approximately £4,000 was spent on the upkeep of playing fields.

Interior and exterior decoration by the Direct Labour Painting Staff was carried out at a large number of schools, etc., at an approximate cost of £35,000.

Furniture for new schools and its replacement in old, cost in the region of £60,000.

#### **Improvements.**

A complete new low-pressure hot water central heating system was installed at Medway Schools.

Improvements to electric lighting were carried out at Hazel and Newry Schools.

At Mellor Infants' School (Clarke Street Annexe) a staff sanitary block was erected and a children's playground laid down.

Further alterations were made to the Kitchen-Dining Room at the Boulevard Buildings for the Gateway Boys' School. Improved wash-up facilities were provided in connection with meals provision at Gateway Girls' School, where a new stage with stage lighting was erected.

Further improvements, completing the programme, were carried out in the Domestic Science Block at Moat Schools.

A biology laboratory was re-fitted at Wyggeston Girls' School, including the provision of gas and electric services.

Cycle parks were erected at Alderman Newton's Boys' School and at the Domestic Science College Hostel, "Eastfield," Stanley Road.

Offices were sub-divided and female sanitary accommodation improved at the Education Offices.

The metalwork room at Dale Boys' School was altered and re-equipped.

Work was carried out on fencing the Stocking Farm Community Centre site and the Ethel Road Extension boundary of the Ethel Road Playing Field. Renewal of boundary fencing was effected at Bendbow Rise School.

Alterations were carried out in the Painting and Decorating Department of the College of Art at the Downings Building (1 Newarke Street).

A goods hoist for the use of the caretaker was put in at Taylor Schools.

At Alderman Richard Hallam School an allotment area at the rear is being laid out for playing-field purposes, while the school frontage is being re-modelled and grassed at Wyggeston and Northfield House Schools.

A washing annexe providing improved facilities has been constructed at Charnwood Schools. An out-building at Hugh Latimer School has been adapted and fitted out for use as a pottery room.

Extensive re-flooring was done at a number of Secondary and Primary Schools.

W. S. HARTLEY.

## XI.—SCHOOL MEALS SERVICE.

### Report on School Meals Service.

By MISS M. K. RODERICK.

A total of 144 schools now receive meals :—

33 transported from Central Kitchens.

60        „        „        smaller kitchens.

51 from kitchens on the premises.

The comparative figures for 1955 and 1956 are as follows :—

Average number of meals served on one day in December :—	1955.	1956.
(a) Transported from Central Kitchens	4,221	3,832
Transported from smaller kitchens	4,773	4,960
Cooked on the premises ...     ...	9,255	10,040
	18,249	18,832

Total number of meals served in the year :—

From Central Kitchens ...     ...	807,820	762,163
From other kitchens ...     ...	2,451,160	2,722,861
	3,258,980	3,485,024

Total number of other meals supplied :—

From Central Kitchens ...     ...	10,634	3,082
From other kitchens ...     ...	113,833	95,349
	124,467	98,431

Opening of New Premises :—

May 14th : Inglehurst Scullery.

July 11th : Bendbow Rise Scullery.

July 24th : South Lodge Scullery.

July 9th : Thurnby Lodge School Kitchen (600 meals).

Sept. 11th : Abbey Infants Scullery.

Sept. 17th : Spencefield Lane Scullery.

Oct. 22nd : Linden School Kitchen (375 meals).

Meals were also provided to

Nov. 26th : Queensmead.

These new premises provide all that is required to ensure a high standard both of hygiene and preparation. The equipment purchased by the Authority and installed in the two new kitchens is excellent and has been the means of reduction in preparation and cooking times.

The nutrition content of the average meal is slightly greater than that required by the Ministry which requires 20 grammes protein, 23-30 grammes fat and 650-1,000 calories according to age, sex and size.

#### **Provision of Milk in Schools.**

Average number of children receiving milk	... 42,185
Average number of gallons of milk supplied daily	... 1,712

#### **Provision of Welfare Foods.**

Cod Liver Oil	... 3,949 bottles (year 1955-1956)
Orange Juice	... 18,252 bottles (year 1955-1956)

M. K. RODERICK.

## XII.—CO-OPERATION OF PARENTS AND TEACHERS.

The proportion of parents attending the periodic inspections of their children follows the pattern of previous years :—

	1956.	1955.
Entrants' Examinations ...	85.8%	86.2%
Intermediate Examinations ...	68.3%	67.1%
Leavers' Examinations ...	18.6%	18.8%

There is a slightly higher attendance of parents at the intermediate and leavers' examinations, but it is still too low. It cannot be emphasised too strongly that the medical examination is not really complete in the absence of the parents. It should be mentioned, however, that if it is found very necessary to discuss some special aspect of the child's health with the parent who fails to attend, the Medical Officer makes a point of arranging another special appointment for the parent either at the school or the clinic.

## XIII.—HANDICAPPED PUPILS.

Arrangements for the ascertainment of children with mental or physical handicaps were as described in previous reports.

During 1956 an additional Medical Officer was approved by the Minister of Education as suitable for the ascertainment of pupils needing education in a special school as educationally subnormal.

### (1) Blind Pupils.

Eight children were newly ascertained during the year. Five of these were under 5 years of age. Blind children are educated at residential schools, but are not recommended for admission until 5 years of age unless home circumstances militate against proper care and training. Ascertainment is carried out before the age of 5 years so as to recommend application for placement in good time now that there is again likely to be delay in admittance.

There were six children in residential schools at the end of the year.

### (2) Partially Sighted Pupils.

Four children were newly ascertained during the year.

Partially sighted pupils attend South Lodge Day School. At the end of 1956, there were thirty-two City pupils in attendance, and in addition eight pupils from a neighbouring authority.

### (3) Deaf and (4) Partially Deaf Pupils.

Four deaf and four partially deaf pupils were newly ascertained in 1956.

At the end of 1956, nineteen deaf and fifteen partially deaf pupils from the City were in attendance at Stoneleigh Day Special School. The school also accommodated seven deaf and eight partially deaf pupils from a neighbouring authority. Twenty-three pupils were using hearing-aids.

During the year the new wing at Stoneleigh School for the nursery children was completed and occupied and a much needed hall and craft room provided.

Seven deaf or partially deaf pupils were in residential schools.

There were twenty-seven partially deaf pupils being kept under special supervision in the ordinary schools. Head Teachers are given advice as to the special consideration needed. Fifteen pupils were wearing hearing-aids.

### (5) Educationally Subnormal Pupils.

There were sixty-five children on the register of Duxbury Road Day School at the end of the year. Fifty pupils were newly ascertained in 1956 and in all there were officially eighty-three pupils waiting for placement in a school for educationally subnormal pupils. A new school for one hundred pupils is now under construction.

Twelve pupils were in residential schools.

The number of children reported to the Local Health Authority during 1956 was as follows :—

Under Section 57 (3) of the Education Act, 1944 ... 13  
(incapable of receiving education at school)

Under Section 57 (5) of the Education Act, 1944 ... 15  
(requiring supervision after leaving school)

### (6) Epileptic Pupils.

There were 136 pupils on the register of epileptic pupils. There is no real evidence that the actual incidence of epilepsy in school children has increased. Parents are more ready to disclose the fact that a child suffers from epilepsy. A large proportion of children suffer only in a minor degree and many have no attacks in school. It is thought advisable, however, to follow up all cases to ensure continuity of treatment and to give advice re any need for restriction of activities. If a child has been free from attacks for two years after suspension of treatment, the name is removed from the register.

### (7) Maladjusted Pupils.

Maladjusted pupils needing residential treatment are placed at the Moel Llys Hostel, Kirby Muxloe. From there, they attend either the ordinary day school or the Manor House Day School for Maladjusted Pupils.

### (8) Physically Handicapped Pupils.

There were 374 pupils recorded as physically handicapped in 1956. In the large majority of cases, pupils were able to participate in the full curriculum of school, but it was considered advisable to keep them under special review. Included in this figure were eleven pupils placed at residential schools and eighteen pupils who received home tuition for part or whole of the year.

The cases may be divided as follows :—

(a) Congenital heart disease	...	...	98
(b) Cerebral palsy	...	...	75
(c) Various types of disability	...	...	201

(a) *Congenital Heart Disease.* All cases attend an ordinary day school, except two in residential schools and one on home tuition.

(b) *Cerebral Palsy.* The 75 cases of Cerebral Palsy in school children were placed as follows :—

In ordinary schools	...	...	...	56
In school for partially sighted	...	...	...	1
In school for educationally subnormal	...	...	...	2
In open-air school	...	...	...	1
In Market Bosworth Hospital School	...	...	...	3
In residential schools	...	...	...	3
Waiting residential school	...	...	...	1
Reported as ineducable	...	...	...	1
Excluded from school temporarily	...	...	...	1
Waiting assessment	...	...	...	1
On home tuition	...	...	...	5
				75

(c) This group includes such disabilities as congenital deformities, poliomyelitis, tuberculosis of bones and joints, progressive nervous diseases and haemophilia. Eight pupils were in residential schools. Thirteen pupils in this group received home tuition for part or for the whole of the year. The remainder attended ordinary schools.

### (9) Speech Defects.

A group of the most severe cases attended a special class attached to the ordinary school.

### (10) Delicate Pupils.

Pupils with chest complaints such as bronchitis, bronchiectasis and asthma attend the Western Park Open-air School, where there is a special unit provided for treatment.

Included in this category are the diabetic children. There are fifteen children of school age known to be suffering from diabetes. They all attend ordinary schools. One Health Visitor, seconded to the Diabetic Unit at the Royal Infirmary, follows up the welfare of these children at home and in school.

### Day Special Schools.

The following day special schools are provided by the Education Committee :—

Name of School.	Category of Handicapped Pupils.	Number of Classes.	Number on Register Dec., 1956.
Duxbury Rd.	Educationally sub-normal..	3	65
South Lodge	Partially sighted ... ...	3	40
Stoneleigh	(a) Deaf ... ... (b) Partially Deaf	6	49
Western Park	Delicate ... ... ...	6	172
Manor House	Maladjusted ... ...	4	60
Total	—	22	386

In the case of South Lodge and Stoneleigh, the above figures include pupils accepted from another authority.

Particulars relating to the medical inspection and treatment of the pupils at these special schools are given in the following table :—

### Medical Inspection.

#### A.—PERIODIC MEDICAL INSPECTIONS.

Entrants	...	...	...	...	...	...	4
Second Age Group	...	...	...	...	...	...	49
Third Age Group	...	...	...	...	...	...	25
Other Periodic	...	...	...	...	...	...	294
						Total ...	372

#### B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections 389

### Classification of Physical Condition.

		Satisfactory.	Unsatisfactory.	Total.
Entrants	...	...	4	—
Second Age Group	...	49	—	49
Third Age Group	...	23	2	25
Other Periodic	...	288	6	294
		—	—	—
Total ...	364		8	372
		—	—	—

### Medical Treatment.

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin, Ringworm	...	2	—
Impetigo	...	3	—
Scabies	...	1	—
Skin, Other	...	18	4
Minor Eye Defects	...	10	1
Minor Ear Defects	...	3	5
Vision and Squint	...	84	13
Defects of Nose and Throat	...	2	—
Orthopædic & Postural Defects	15	2	17
Other Defects	...	53	124
	—	—	—
Total ...	191	149	340

Details re dental inspection and treatment are given in Table V of the Statistical Tables.

### Residential Schools.

During the year 13 vacancies were secured for children suffering from various forms of physical handicap, and 8 children left such schools. In addition, financial responsibility was assumed for 2 children whose parents moved into the City from Staffordshire and for 1 child who is in the care of the Children's Committee.

48 handicapped children in all were in residence at various schools during the year as follows:—

Birmingham Royal Institution for the Blind	...	...	...	3
Sunshine House School for Blind Infants, Leamington Spa	...			2
Chorleywood College (for girls with little or no sight)	...			1
Mary Hare Grammar School for the Deaf	...	...	...	1
Royal Institution for the Deaf, Derby	...	...	...	1
Royal School for Deaf Children, Birmingham	...	...	...	1
St. John's R.C. School for the Deaf, Yorkshire	...	...	...	1
Bridge House School for the Deaf, Harewood, near Leeds	...			2
Needwood School for the Partially Deaf, Staffordshire	...			1
Whiteness Manor School for Crippled Boys, Kent	...	...	...	1
The Palace School for Severely Crippled Girls, Ely	...	...	...	2
Victoria Home, Bournemouth	...	...	...	1
Halliwick Cripples' Home for Girls, Winchmore Hill	...			2
Greenbank Lane School of Recovery, Liverpool	...	...	...	1
Heathcot House, Aberdeen (Cerebral Palsy)	...	...	...	1
Bethesda Home for Crippled Children, Salford	...	...	...	1
Chipping Norton School for Physically Handicapped Pupils	...			1
Talbot House for Spastics, Derbyshire	...	...	...	1
Baskerville Residential School, Birmingham (for Delicate and Physically Handicapped Children)	...			1
Eden Grove School, Westmorland	...	...	...	1
Cedar House School, St. Neots	...	...	...	1
Maghull Home for Epileptics, Liverpool	...	...	...	1
Colthurst House School for Epileptics, Alderley Edge	...			2
Soss Moss School for Epileptics	...	...	...	1
Lingfield Epileptic Colony, Surrey	...	...	...	2
Wavendon House, Buckinghamshire	...	...	...	1
St. Francis School, Birmingham	...	...	...	6
Meadows Memorial Home, Kent	...	...	...	1
Staple Hill House, Warwickshire	...	...	...	2
Salmon's Cross School, Surrey	...	...	...	1
Pontville R.C. School, Lancashire	...	...	...	1
Children's Convalescent Home, West Kirby, Cheshire	...			2
Rayner's School, Penn	...	...	...	1
				—
			Total ...	48
				—

#### **XIV.—NURSERY SCHOOLS.**

The only Nursery School maintained by the Education Committee is that at the Countesthorpe Cottage Homes, but there are many nursery classes attached to the Primary Schools in various parts of the City.

##### **Nursery School, Countesthorpe.**

Details of the medical inspection and treatment are given below :—

###### **Periodic Inspections.**

Entrants	...	...	...	...	...	...	17
Other Periodic	...	...	...	...	...	...	4
							—
					Total	...	21

Special Inspections and Re-inspections	...	...	20
--	-----	-----	----

###### **Classification of Physical Condition.**

	Satisfactory.	Unsatisfactory.	Total.
Entrants	...	17	—
Other Periodic	...	4	—
	—	—	—
Total	...	21	—
	—	—	—

##### **Nursery Classes.**

The data relating to the inspection and treatment of children attending Nursery Classes are included in the statistical tables.

#### **XV.—HEALTH EDUCATION.**

The School Health Service participates in the Health Department scheme for Health Education. Medical Officers and School Nurses have given talks at Parent/Teacher Association meetings and at meetings of outside organisations. Copies of "Better Health" have been distributed to schools and poster displays on health subjects are organised in clinic waiting rooms.

#### **XVI.—MISCELLANEOUS.**

##### **1.—Employment of Children and Young Persons.**

Close liaison between all departments dealing with the employment of children has been maintained and the method of dealing with them remained as in previous years.

### Employment of School Children.

January to December, 1956.

Total No. of Examinations	...	...	...	1,040
No. of First Examinations	...	...	...	1,005
No. of Second Examinations	...	...	...	35
No. of Certificates granted	...	...	...	1,036
No. of Certificates refused	...	...	...	4

#### Details of Certificates Granted.

	Boys.	Girls.	Total.
Newspaper Delivery	653	255	908
Grocers' Errands	89	1	90
Butchers' Errands	13	—	13
Milk Delivery	2	—	2
Fruiterers' Errands	8	—	8
Tobacconists' Errands	4	—	4
Tailors' Errands	2	—	2
Handbag Repairers' Errands	1	—	1
Boot Repairers' Errands	1	—	1
Decorators' Errands	1	—	1
Ladies' Outfitters' Errands	—	2	2
Dyers' Errands	1	—	1
Shop Assistants	—	3	3
	775	261	1,036

#### Details of Certificates Refused.

Temporarily—2 :

Defective Vision ... ... 1 boy (subsequently granted after re-test)  
 Painful knee and Limp ... 1 boy (did not apply again)

Permanently—2 :

Petit Mal ... ... 1 girl  
 Cataract on eye (old injury) 1 boy

The following children were passed for employment but were reviewed every two or three months :—

Boys.	Girls.
3 Rheumatism	1 Bronchiectasis
1 Chest Complaint	1 Asthma
1 Chest Complaint (at W.P.O.A.S.)	3 Poor Attendance at School
1 Bronchiectasis (at W.P.O.A.S.)	1 Heart Murmur
1 Rheumatic Fever	1 Curvature of Spine
	1 Rheumatism
	1 Defective Vision

**2.—Report of Work carried out for the  
Children's Committee.**

**(a) Work in connection with the Juvenile Court and  
Remand Home.**

During 1956, 196 individual children and young persons were examined for the Juvenile Court and Remand Homes. The corresponding number for 1955 was 192.

Individual Children and Young Persons examined :—	1956.	1955.
Boys      ...      ...	167	165
Girls      ...      ...	29	27
	—	—
Total ...	196	192
	—	—

Details are as follows :—	1956.	1955.
Full Mental and Physical Examinations	—	—
Physical Examinations ...      ...      ...	196	176
Examinations to exclude infectious or contagious disease before admittance to a Remand Home ...      ...      ...	5	21
	—	—
Total ...	201	197
	—	—
Attendances at Court for the purpose of giving evidence      ...      ...      ...	—	—

**(b) Examination of Boarded-out Children.**

Individual number of children who attended in 1956	128
Number of examinations in 1956 ...      ...      ...	131

Defects requiring treatment or observation :—

	Boys.	Girls.
Ear, Nose and Throat Defects      ...      ...	3	3
Defective Vision      ...      ...      ...      ...	7	12
Squint      ...      ...      ...      ...      —		1
Dental Defects      ...      ...      ...      ...	1	—
Defective Speech      ...      ...      ...      ...	—	1
Chest Weakness      ...      ...      ...      ...	1	1
Heart Disease      ...      ...      ...      ...	1	1
Orthopædic Defects ...      ...      ...      ...	3	—
Enuresis      ...      ...      ...      ...	1	—

### 3.—Examination of College Students and Education Committee's Employees.

Candidates making application for admission to Training Colleges were examined and forms 4 R.T.C. were completed for them. Intending teachers were examined and forms 28 R.Q. completed. Other teachers transferring from other authorities were examined.

(a) College Students (4 R.T.C's.) ... ... ...	100
(b) Intending Teachers (28 R.Q's.) ... ... ...	52
(c) Transferred Teachers ... ... ...	153
(d) Nursery Assistants ... ... ...	93
(e) Other Employees of the Education Committee	109
	—
Total ...	507
	—

### 4.—Instructional Visits to School Clinics.

Doctors studying for the Diploma of Child Health have visited special schools and clinics and have been given information about the organisation of the School Health Service.

Visits to the department have been arranged for College students.

The Senior School Medical Officer has given a course of lectures to Student Health Visitors and practical instruction on the various aspects of the School Health Service was arranged for them.

Details of visits are given below :—

Student Health Visitors ... ... ... ...	584
Queen's Nurses Students ... ... ... ...	10
Student Nursery Nurses ... ... ... ...	27
Individual Students ... ... ... ...	8
Health Visitors : Post-Certificate Refresher Course	—
	—
Total ...	629
	—

### 5.—Mortality among School Children.

The following table shows the causes of deaths of children between the ages of five and fifteen years during 1956 :—

Road Accident ... ... ... ...	4
Other Cases of Accidental Death ... ...	3
Malignant Tumour ... ... ... ...	2
Leukæmia ... ... ... ...	2
Infective Hepatitis and Gastro-Enteritis ...	1
Pulmonary Tuberculosis and Epilepsy ...	1
Acute Laryngo-Tracheo-Bronchitis ...	1
	—
Total ...	14
	—

**XXI.—STATISTICAL TABLES.**  
**(PRIMARY AND SECONDARY SCHOOLS).**

TABLE I.

**Medical Inspection of Pupils Attending  
Maintained Primary and Secondary Schools.**

**A. Periodic Medical Inspections.**

Number of Inspections in the prescribed Groups :—

Entrants ... ... ... ... ... ...	4,550
Second Age Group ... ... ... ... ...	3,536
Third Age Group ... ... ... ... ...	3,405
	Total ... 11,491
Number of other Periodic Inspections ... ... ...	1,160
	Grand Total ... 12,651

**B. Other Inspections.**

Number of Special Inspections ... ... ...	27,018
Number of Re-inspections ... ... ...	16,948
	Total ... 43,966

**C. Pupils found to require Treatment.**

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL  
INSPECTION TO REQUIRE TREATMENT  
(excluding Dental Disease and Infestation with Vermin).

Group. (1)	For Defective Vision (excluding Squint). (2)	For any of the other conditions recorded in Table II A. (3)	Total Individual Pupils. (4)
Entrants ... ... ...	83	978	1,045
Second Age Group ... ...	499	560	970
Third Age Group ... ...	471	383	801
Total (prescribed groups) ...	1,053	1,921	2,816
Other Periodic Inspections ...	177	239	349
Grand Total ...	1,230	2,160	3,165

**D. Classification of the Physical Condition of Pupils Inspected  
in the Age Groups recorded in Table I A.**

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)
Entrants ...	4,550	4,452	97.9	98	2.1
Second Age Group ...	3,536	3,465	98.0	71	2.0
Third Age Group ...	3,405	3,385	99.5	20	0.5
Other Periodic Inspections	1,160	1,128	97.2	32	2.8
<b>TOTAL</b> ..	<b>12,651</b>	<b>12,430</b>	<b>98.2</b>	<b>221</b>	<b>1.8</b>

**TABLE II.**  
**Infestation with Vermin.**

(i) Total number of examinations in the Schools by the School Nurses or other authorised persons ...	146,082
(ii) Total number of individual Pupils found to be infested	2,119
(iii) Number of individual Pupils in respect of whom Cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ... ... ...	500
(iv) Number of individual Pupils in respect of whom Cleansing orders were issued (Section 54 (3), Education Act, 1944) ... ... ...	4

TABLE III.  
Return of Defects found by Medical Inspection.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects		No. of Defects	
		Requiring Treatment.	Requiring to be kept under Observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)	
4.	Skin ... ... ...	116	45	6,187	—
5.	Eyes : (a) Vision ...	1,230	629	3,318	764
	(b) Squint ...	348	39	1,014	50
	(c) Other ...	83	49	555	—
6.	Ears : (a) Hearing ...	83	34	915	151
	(b) Otitis Media	51	31	105	9
	(c) Other ...	66	38	—	—
7.	Nose and Throat ...	860	894	2,434	889
8.	Speech ... ...	75	104	183	191
9.	Lymphatic Glands ...	69	203	—	173
10.	Heart and Circulation	52	115	48	157
11.	Lungs ... ...	257	284	598	420
12.	Developmental : (a) Hernia ...	2	11	27	9
	(b) Other ...	31	104	21	153
13.	Orthopædic : (a) Posture ...	9	67	68	74
	(b) Flat Foot...	36	192	109	259
	(c) Other ...	275	211	1,299	145
14.	Nervous System : (a) Epilepsy ...	22	23	54	48
	(b) Other ...	22	52	11	10
15.	Psychological : (a) Development	4	44	18	119
	(b) Stability ...	19	64	98	232
16.	Abdomen ... ...	6	3	22	87
17.	Other ... ...	253	528	882	517

**Treatment Tables.****TABLE IV.****Group 1.—Eye Diseases, Defective Vision and Squint.**

	Number of Cases dealt with	
	By the Authority.	Otherwise.
External and other, excluding Errors of Refraction and Squint ... ...	556	24
Errors of Refraction (including Squint)	2,969	898
Total ...	3,525	922
Number of Pupils for whom spectacles were prescribed ... ... ...	2,279	898

**Group 2.—Diseases and Defects of Ear, Nose and Throat.**

	Number of Cases treated	
	By the Authority.	Otherwise.
Received Operative Treatment—		
(a) For Diseases of the Ear ... ...	2	
(b) For Adenoids and Chronic Tonsillitis ... ... ...	1,287	130
(c) For other Nose and Throat conditions ... ... ...	97	
Received other forms of treatment ...	1,079	71
Total ...	2,465	201

Total number of Pupils in schools who are known to have been provided with hearing-aids—

(a) In 1956 ... ... ... ... ... ... ... 11  
 (Stoneleigh School for Deaf, 1; other schools, 10)

(b) In previous years ... ... ... ... ... ... 27  
 (Stoneleigh School for Deaf, 22; other schools, 5)

### Group 3.—Orthopædic and Postural Defects.

(a) Number treated as In-patients in Hospitals	...	...	123
	By the Authority.	Otherwise.	
(b) Number treated otherwise, <i>e.g.</i> — In Clinics or Out-patient Departments	1,189	99	

#### **Group 4.—Diseases of the Skin.**

(excluding Uncleanliness, for which see Table II).

						Number of Cases treated or under treatment during the year.	
				By the Authority.		Otherwise.	
Ringworm : (i) Scalp	...	...	...		9		1
(ii) Body	...	...	...		62		6
Scabies	...	...	...	...	73		3
Impetigo	...	...	...	...	265		8
Other Skin Diseases	...	...	...		1,529		83
	Total ...				1,938		101

## Total number of attendances at Authority's Minor Ailments

Clinics      ...      ...      ...      ...      ...      ...      ... 26,020

## **Group 5.—Child Guidance Treatment.**

Number of Pupils treated at Child Guidance Clinics under arrangements made by the Authority ... ... ... 953

## Group 6.—Speech Therapy.

Number of Pupils treated by Speech Therapists under arrangements made by the Authority ... ... ... 340

**Group 7.—Other Treatment Given.**

(a) Number of cases of miscellaneous minor ailments treated by the Authority	...	...	...	...	3,963
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	81
(c) Pupils who received B.C.G. vaccination	...	...	...	...	460
(d) Other than (a), (b) and (c) above (specify)—					
1. Lymphatic Glands	...	...	...	...	1
2. Heart and Circulation	...	...	...	...	4
3. Lungs	...	...	...	...	22
4. Other defects (Rheumatism, etc.)	...	...	...	...	588
					<hr/>
Total (a)—(d)	...	5,119			<hr/>

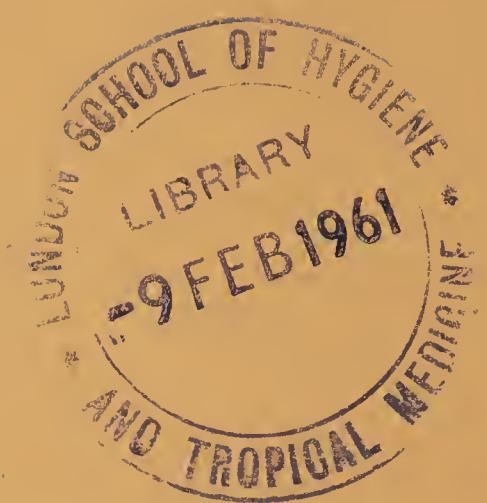
TABLE V.  
Dental Inspection and Treatment, 1956.

		Primary and Secondary Schools.	Special Schools.	Total.
1. Number of pupils inspected by the Authority's Dental Officers :—				
(a) At Periodic Inspections ... ...	23,261	133	23,394	(18,120)
(b) As Specials ... ...	3,272	34	3,306	(3,817)
Total (1) ...	26,533	167	26,700	(21,937)
2. Number found to require treatment ...	23,054	133	23,187	(19,583)
3. Number offered treatment ... ...	14,302	93	14,395	(12,949)
4. Number actually treated ... ...	7,042	62	7,104	(6,540)
5. Number of Attendances made by pupils for treatment, including those recorded at heading 11 (h) ... ... ...	18,775	150	18,925	(17,874)
6. Half-days devoted to : Periodic (School) Inspection ... ...	202	2	204	(160)
Treatment ... ... ...	2,295	—*	2,295	(2,216)
Total (6) ...	2,497	2	2,499	(2,376)
7. Fillings : Permanent Teeth ... ... ...	8,545	33	8,578	(7,022)
Temporary Teeth ... ... ...	255	—	255	(124)
Total (7) ...	8,800	33	8,833	(7,146)
8. Number of Teeth Filled : Permanent Teeth ... ... ...	7,286	29	7,315	(6,103)
Temporary Teeth ... ... ...	219	—	219	(124)
Total (8) ...	7,505	29	7,534	(6,227)
9. Extractions : Permanent Teeth ... ... ...	3,313	87	3,400	(2,768)
Temporary Teeth ... ... ...	9,694	92	9,786	(9,010)
Total (9) ...	13,007	179	13,186	(11,778)
10. Administration of general anaesthetics for extraction ... ... ...	2,052	29	2,081	(1,162)
11. Orthodontics : (a) Cases commenced during the year ...			140	
(b) Cases carried forward from previous year ... ... ...			88	
(c) Cases completed during the year ...			89	
(d) Cases discontinued during the year ...			29	
(e) Pupils treated with appliances ...			228	
(f) Removable appliances fitted ...			219	
(g) Fixed appliances fitted ...			63	
(h) Total attendances ... ...			2,589	
12. Number of pupils supplied with artificial dentures ... ... ...			59	
13. Other operations : Permanent Teeth ... ... ...	3,127	66	3,193	(4,231)
Temporary Teeth ... ... ...	134	1	135	(91)
Total (13) ...	3,261	67	3,328	(4,322)

\* No special sessions are devoted to the treatment of Special School children.  
(1955 figures in brackets).







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